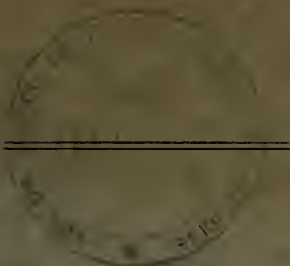


AC 4412

KENT COUNTY COUNCIL.



# Annual Report

OF THE

## MEDICAL OFFICER OF HEALTH

For the Year 1936

BY

CONSTANT PONDER, M.A., M.D., D.P.H.,

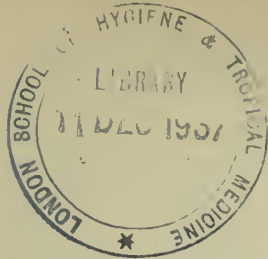
*County Medical Officer of Health*



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**KENT COUNTY COUNCIL.**

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# **Annual Report**

OF THE

## **MEDICAL OFFICER OF HEALTH**

For the Year 1936

BY

CONSTANT PONDER, M.A., M.D., D.P.H.,

*County Medical Officer of Health*

---

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SESSIONS HOUSE,  
MAIDSTONE.

September 30th, 1937.

**To the Chairman and Members of the Kent County Council.**

MY LORDS, MISS WIGAN AND GENTLEMEN,

I have the honour to submit my Annual Report on the Public Health and Sanitary Conditions in the Administrative County of Kent for the year ended December 31st, 1936.

In the preparation of this report the Senior Medical Officers of the Central Staff have been responsible for the subject matter dealing with the activities of their respective sections. A new feature is the section dealing with Air Raid Precaution Services. It is hoped that in the future there will be a development in the expression of personal views of each officer which must result in a more interesting and valuable record than a dry compilation of statistics and other information gained from office sources.

The times in which we live are not easy for those responsible for sanitary reform. There is so much calling for attention but money which we think might well be devoted to bettering health conditions must, through force of circumstances, be diverted to other channels. It is all the more necessary, therefore, that what funds the country has available for health purposes should be expended with a wise economy and in the directions where best results can be expected. The function of the Public Health Service is prevention rather than cure and that object must always be kept in mind : to keep in health those who are already healthy and above all to develop and preserve the mental and bodily vigour of the young. Undoubtedly the organisation of services for the diagnosis and treatment of established disease makes a more popular appeal than the formulation of schemes primarily devoted to the prevention of morbid processes. There can, of course, be no question as to the importance of treatment of disease but I think that in our anxiety to relieve distress we must never allow ourselves to forget that the primary function of preventive medicine is the promotion of healthy conditions for the community.

The year has seen a considerable augmentation in the activities of the Public Health Department, and comprehensive surveys of the County Hospital and Institutional Services, and of the Tuberculosis Service, have been undertaken. Reports dealing with these surveys have been issued, and the recommendations made therein are of considerable communal importance.

I have to record my appreciation of the assistance and confidence afforded me by the Members of the Council on all occasions, and to my staff I am indebted for their loyal co-operation and efficient service.

(Signed) CONSTANT PONDER,

County Medical Officer.

# KENT COUNTY COUNCIL

## PUBLIC HEALTH AND HOUSING COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health. Its constitution for the period ending 30th September, 1937 is as follows :—

AYLING, H. E.	MONK, A. J.
BARHAM, COLONEL A. S., C.M.G.	MORGAN, The Rev. S. J. W.
COLTHUP, W. (Chairman of the Finance Committee).	OVERY, E. I.
ELGOOD, C. A.	PITT, E. R.
GIFFARD, CAPT. H. G., R.N. (Retd.)	PRESTEDGE, T. H.
GULLY, GRIERSON J. (Chairman of Committee).	PYM, MAJOR C. E., O.B.E., (Vice-Chairman of the County Council).
HARDY, EDWARD (Chairman of the County Council).	RENTON, Dr. M. W.
HIGGS, RICHARD.	SKINNER, J. E.
IGGLESDEN, SIR CHARLES.	SMITH, LT-COL. C. A. Johnstone.
KIRBY, MAJOR M. T., D.S.O.	TAPP, A. W.
	WIGAN, Miss E. J.

The following are nominated by the Kent Insurance Committee to serve on the Public Health and Housing Committee when matters dealing with the treatment of tuberculosis are under consideration :—

Miss D. M. CHANDLER, of Singleton Manor, Great Chart.  
J. E. FRENCH, of Little Rayham, Newington, Sittingbourne.  
Mrs. A. E. OSBORNE, of Betsham, Gravesend.

The following are added to the Public Health and Housing Committee when matters dealing with maternity and child welfare are under consideration :—

Mrs. WINSTON CHURCHILL, of Chartwell, Westerham.  
Mrs. M. J. DANIELL, of Danedale, Bearsted.  
Dr. MARJORIE K. DAY, of The Hobby, College Road, Maidstone.  
Mrs. E. E. FRENCH, of Little Rayham, Newington, Sittingbourne.

The following Sub-Committees are appointed :—

HOSPITAL SERVICES SUB-COMMITTEE.—Colonel A. S. Barham (Chairman), Messrs. H. E. Ayling, Miss D. M. Chandler, W. Colthup, C. A. Elgood, J. E. French, Captain H. G. Giffard, G. J. Gully, Edward Hardy, Sir Charles Igglesden, Mrs. A. E. Osborne, Major C. E. Pym, Lt.-Colonel C. A. Johnstone Smith, A. W. Tapp, and Miss E. J. Wigan.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.—C. A. Elgood (Chairman), Messrs. H. E. Ayling, Colonel A. S. Barham, Mrs. Winston Churchill, W. Colthup, Mrs. M. J. Daniell, Dr. Marjorie K. Day, Mrs. E. E. French, G. J. Gully, Edward Hardy, A. J. Monk, the Rev. S. J. W. Morgan, E. R. Pitt, Major C. E. Pym, and Dr. M. W. Renton.

GENERAL SUB-COMMITTEE.—G. J. Gully (Chairman), Messrs. H. E. Ayling, Colonel A. S. Barham, W. Colthup, C. A. Elgood, E. Hardy, R. Higgs, Major M. T. Kirby, E. I. Overy, T. H. Prestedge, Major C. E. Pym, and J. E. Skinner.

ESTIMATES AND BILLS SUB-COMMITTEE.—H. E. Ayling (Chairman), Messrs. W. Colthup, G. J. Gully, Edward Hardy, A. J. Monk and Major C. E. Pym.

The following representatives of the County Council serve on the Committee of Management of the Alexandra Hospital for Children, at Swanley, in connection with the County Orthopædic Scheme :—Mrs. Winston Churchill, Mrs. M. M. Deed, Mrs. L. Lyle, Messrs. W. Millen and A. G. A. Salter.

# LOCAL AUTHORITIES

## BOROUGHES AND URBAN.

Urban and Borough Councils.	Clerks. (1937.)	Medical Officers of Health. (1937).	Public Health Staff.		†Date of Receipt of Annual Summary in 1937.
			Sani- tary Inspec- tors.	Clerical.	
Ashford U. ...	J. Sudlow ...	*D. MacDougall ...	2†	2	June 28th
Beckenham B. ...	C. E. Staddon ...	*T. P. Cole ...	4(3†)	5	April 20th
Bexley U. ...	W. Woodward ...	*G. F. Bramley ...	5(4†)	5	July 14th
Broadstairs U. ...	E. F. Owen ...	*A. M. Watts ...	1†	1	March 25th
Bromley B. ...	S. C. Auty ...	*K. E. Tapper ...	4†	3	July 13th
Chatham B. ...	E. B. Lee ...	*J. Holroyde ...	4†	5	June 21st
Chislehurst and Sidcup U. ...	E. T. Chater... ..	*P. N. Cave ...	4†	1	April 24th
Crayford U. ...	L. Burslem ...	C. M. Ockwell ...	2(1†)	—	March 22nd
Dartford B. ...	J. J. Hurtley ...	T. Farthing ...	2†	1	April 10th
Deal B. ...	D. A. Daniels ...	D. W. Kirk ...	2	1	June 22nd
Dover B....	R. E. Knocker ...	*A. B. McMaster ...	4(3†)	3	July 21st
Erith U. ...	D. S. Twigg ...	*A. W. Johns ...	2†	3	May 20th
Faversham B. ...	Guy Tassell ...	C. J. Evers ...	1†	—	April 3rd
Folkestone B. ...	C. F. Nicholson ...	*A. Priestman ...	5†	3	June 1st
Gillingham B. ...	R. Booth ...	*W. A. Muir... ..	5†	4	April 7th
Gravesend B. ...	H. H. Brown ...	*C. D. Outred ...	4(2†)	2	April 29th
Herne Bay U. ...	A. H. Edwards ...	*A. M. Watts ...	1	1	March 25th
Hythe B. ...	H. Stainer ...	*D. MacDougall ...	1†	1	June 28th
Lydd B. ...	W. Lamacraft ...	A. McMillan ...	1	—	April 30th
Maidstone B. ...	G. Wilson ...	*P. J. Gaffikin ...	2†	4	August 5th
Margate B. ...	P. T. Grove ...	*G. L. Brocklehurst ...	4†	4	July 2nd
New Romney B. ...	W. Lamacraft ...	A. McMillan ...	1	—	April 30th
Northfleet U. ...	F. W. Jones ...	*M. F. McDonnell ...	2(1†)	—	July 5th
Orpington U. ...	L. O. Wall ...	*P. N. Cave ...	3(2†)	—	May 1st
Penge U. ...	A. J. Elson ...	R. Wilkinson ...	2†	2	June 12th
Queenborough B. ...	E. C. Harris ...	*W. C. D. Hills ...	1	—	June 11th
Ramsgate B. ...	H. G. Curtis ...	*W. J. Bannister ...	3†	2	June 1st
Rochester City ...	J. L. Percival ...	*J. O. Murray ...	4(3†)	3	July 2nd
Sandwich B. ...	E. C. Byrne ...	*J. J. Day ...	1	—	April 20th
Sevenoaks U. ...	G. T. Bradbury ...	*P. N. Cave ...	1†	—	April 22nd
Sheerness U. ...	H. V. Stallon ...	*W. C. D. Hills ...	1†	—	June 11th
Sittingbourne and Milton U. ...	G. H. Potter ...	H. K. Brade-Birks (Acting)	1†	—	April 9th
Southborough U. ...	W. N. Wood ...	*S. N. Galbraith ...	1	—	May 26th
Swanscombe U. ...	H. Tuffee ...	C. M. Ockwell ...	1	—	April 1st
Tenterden B. ...	H. B. Mace ...	*S. N. Galbraith ...	1	—	May 26th
Tonbridge U. ...	H. W. Peach ...	*S. N. Galbraith ...	1†	—	May 26th
Tunbridge Wells B. ...	J. Whitehead ...	*F. C. Linton ...	4†	4	July 3rd
Whitstable U. ...	A. B. Baker ...	C. E. Etheridge (Temp'ry)	2(1†)	1	June 1st
RURAL.					
Ashford, East ...	F. Webb ...	*D. MacDougall ...	1	—	June 28th
Ashford, West ...	W. H. Carter ...	*D. MacDougall ...	1†	1	June 28th
Bridge-Blean ...	L. J. Williams ...	*A. M. Watts ...	2(1†)	1	April 28th
Cranbrook ...	Eric Clarke ...	*S. N. Galbraith ...	2	—	May 26th
Dartford ...	E. J. Hobbs ...	C. M. Ockwell ...	3(1†)	1	April 1st
Dover ...	E. T. Lambert ...	*J. J. Day ...	2	—	April 20th
Eastry ...	F. A. Cloke ...	*J. J. Day ...	1	—	April 20th
Elham ...	D. S. Harrison ...	*D. MacDougall ...	2	—	June 28th
Hollingbourn ...	F. Miskin ...	*P. J. Gaffikin ...	3(1†)	1	August 5th
Maidstone ...	F. D. Thomas ...	*S. N. Galbraith ...	2(1†)	1	May 26th
Malling ...	F. Miskin ...	N. H. Bolton ...	1	1	July 10th
Romney Marsh ...	W. Lamacraft ...	A. McMillan ...	1	—	April 30th
Sevenoaks ...	J. Mudd ...	*P. N. Cave ...	3†	—	May 10th
Sheppey ...	H. T. Copland ...	*W. C. D. Hills ...	1†	—	June 11th
Strood ...	J. E. Povey ...	*M. F. McDonnell ...	1	—	July 8th
Swale ...	Guy Tassell ...	P. Selby ...	2†	1	June 7th
Tenterden ...	I. T. Emberson ...	*S. N. Galbraith ...	1	—	May 26th
Tonbridge ...	B. Lee ...	*S. N. Galbraith ...	2(1†)	—	May 26th

\* Denotes whole-time officer.

† Each Medical Officer of Health has supplied information in reply to a summary of questions addressed from the County Health Department, on which this report is mainly based. The annual report has also been used where available.

‡ Holds meat inspector's certificate of the Royal Sanitary Institute.



MEDICAL AND SPECIAL STAFF  
OF THE COUNTY PUBLIC HEALTH DEPARTMENT.

JULY 1st, 1937

COUNTY MEDICAL OFFICER, CHIEF SCHOOL MEDICAL OFFICER, CHIEF TUBERCULOSIS OFFICER :

C. W. Ponder, M.A., M.D., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER :

A. Elliott, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER :

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICER FOR AIR RAIDS PRECAUTION :

J. H. Campbell, D.S.O., M.B., B.Ch., B.A.O., D.P.H.

SENIOR PATHOLOGIST :

E. R. Jones, M.D., Ch.B., D.P.H., B.Sc., Ph.D., F.I.C.

ASSISTANT MEDICAL OFFICER FOR TUBERCULOSIS ADMINISTRATION :

D. H. Mills, M.D., Ch.B.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE :

Anne Simpson, M.B., Ch.B., D.P.H.

ASSISTANT PATHOLOGIST :

L. L. Griffiths, B.A., M.B., B.Ch., B.A.O., D.P.H.

TUBERCULOSIS OFFICERS :

B. A. G. A. Edelston, M.D., Ch.B.

H. L. Grabham, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

W. B. Martin, M.R.C.S., L.R.C.P., D.P.H.

T. M. Pearce, M.D., M.R.C.S., L.R.C.P., D.P.H.

J. A. Robson, M.D., B.Ch., B.A.O., D.P.H.

C. Roper, B.A., M.D., B.C., D.P.H.

C. C. A. de Villiers, B.A., B.Sc., M.B., B.S., M.R.C.S., L.R.C.P.

ASSISTANT SCHOOL MEDICAL OFFICERS :

C. Campbell, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.

J. E. Cheesman, L.M.S.S.A., D.P.H.

Nancy W. Holloway, M.R.C.S., L.R.C.P.

W. Lessey, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.

Georgina B. Nicholl, M.B., Ch.B., D.P.H.

Gertrude M. Nicholson, M.R.C.S., L.R.C.P.

J. Selfe, M.R.C.S., L.R.C.P., D.P.H.

Gladys Stableforth, M.D., B.S.

S. A. Tucker, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

F. Wolverson, M.D., C.M.

ASSISTANT SCHOOL MEDICAL OFFICER (Aural) :

T. P. Gill, F.R.C.S., M.B., Ch.B.

OPHTHALMOLOGISTS :

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

G. B. Ebbage, M.R.C.S., L.R.C.P., D.O.M.S.

ORTHOPÆDIC SURGEONS (part-time) :

H. E. Batten, F.R.C.S., L.R.C.P.

A. B. Beresford-Jones, M.S., M.B.

A. L. Moreton, M.S., M.B., F.R.C.S., L.R.C.P.

A. H. Todd, M.S., M.B., B.Sc., F.R.C.S., L.R.C.P.

## STAFF OF COUNTY SANATORIA :

F. J. Pierce, M.R.C.S., L.R.C.P., D.P.H. (Med. Supt., Lenham).  
 H. Hannesson, B.Sc., M.R.C.S., L.R.C.P. (Asst. M.O., Lenham).  
 Miss R. C. Goodwin, S.R.N., (Matron, Lenham).  
 R. A. Ramsay, M.A., M.C., M.B., F.R.C.S., L.R.C.P. (Visiting Surgeon,  
 Cranbrook—part-time).  
 T. N. Parish, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P. (Local Visiting  
 Medical Officer, Cranbrook—part-time).  
 Miss A. E. Pleasance (Matron, Cranbrook).

## VENEREAL DISEASES MEDICAL OFFICERS (part-time) :

W. C. P. Barrett, M.R.C.S., L.R.C.P.  
 C. G. H. Campbell, M.D., D.P.H. (Assistant).  
 F. L. Cassidi, M.B., Ch.B., M.R.C.S., L.R.C.P.  
 T. J. Cobbe, M.B., Ch.B., B.A.O., F.R.C.S.  
 G. L. M. McElligott, M.R.C.S., L.R.C.P.  
 H. Nicol, F.R.C.S., L.R.C.P.  
 C. M. Ockwell, M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.  
 H. S. Wachter, M.R.C.S., L.R.C.P.

## SENIOR DENTAL SURGEON :

F. J. Saunders, L.D.S.

## DENTAL SURGEONS (SCHOOL, AND MATERNITY AND CHILD WELFARE) :

M. Berry, L.D.S.  
 H. Cantor, L.D.S.  
 Miss M. E. O. Cross, L.D.S.  
 W. W. F. Dawe, L.D.S.  
 P. D. Gausden, L.D.S.  
 L. F. Hayes, L.D.S.  
 D. W. Lamb, L.D.S.  
 A. C. MacDougall, L.D.S.  
 F. A. Markham, L.D.S.  
 W. W. Nicholls, L.D.S.  
 Miss A. Smiley, L.D.S.

MEDICAL OFFICERS OF CHILD WELFARE CENTRES AND ANTE-NATAL CLINICS :  
82 part-time (see pp. 65-70).

## SUPERVISORS OF MIDWIVES :

Miss M. M. Berry, S.C.M., Cert. R.S.I., General Training.  
 Miss C. Sanders, S.C.M., S.R.N., H.V. Cert.

## COUNTY HEALTH VISITORS :

For Tuberculosis nursing and School nursing :

Miss M. Anderson, General Training.  
 Mrs. A. E. Bowman, S.C.M. and General Training.  
 Miss E. M. Clarkson, S.C.M., S.R.N., and H.V. Cert.  
 Miss B. Dockrill, S.C.M. and General Training.  
 Miss H. Drew.  
 Miss M. D. Featherstone, S.C.M., H.V. Cert., and General Training.  
 Miss E. Neale.

For Tuberculosis nursing, School nursing, and Maternity and Child Welfare work :—

34 whole-time nurses (see pp. 58-59) together with the following additional nurses appointed in 1937 :—

Miss L. M. Brown.  
 Miss M. F. Daw.  
 Miss E. E. Jobson.  
 Miss D. B. Rothera.  
 Miss M. E. Sharpe.

For Maternity and Child Welfare work only :—

15 part-time nurses (district nurses—see Table 8).



## NURSES AT VENEREAL DISEASES CLINICS :

Miss P. Monnot, S.R.N., and General Training (whole-time).

Miss M. Payne, S.C.M., and General Training (whole-time).

Miss A. C. Willy, S.C.M., S.R.N., H.V. Cert. (part-time)\* and two part-time nurses.

## MIDWIVES SUBSIDISED BY THE COUNTY COUNCIL :

19 (see p. 60).

## DENTAL ATTENDANTS :

Miss G. Addelsee.

Mrs. B. A. Brooker.

Miss J. F. Davie.

Miss G. E. J. Forrest

Miss I. F. Gardner

Miss W. Griggs

Miss M. Guard.

Mrs. H. B. Hole.

Miss E. Lay.

Miss E. M. Pratt.

Mrs. E. M. Welch.

## ORDERLIES AT VENEREAL DISEASES CLINICS :

F. Taprill (whole-time) and four part-time orderlies.

## COUNTY PHARMACIST :

J. P. Marmion, Ph.C., M.P.S.

## CHIEF TECHNICIAN OF COUNTY LABORATORIES :

E. Arnold.

## CHIEF CLERK :

F. Meakin.

\*Whole-time Health Visitor who devotes part-time to V.D. work.

The following officers come within the purview of the County Public Health Committee and the County Medical Officer of Health, so far as Public Vaccination duties are concerned ; and are officers of the County Public Assistance Committee in respect of their duties in connection with Public Assistance work :—

**PUBLIC VACCINATORS, PUBLIC ASSISTANCE INSTITUTION MEDICAL OFFICERS  
AND PUBLIC ASSISTANCE DISTRICT MEDICAL OFFICERS.**

Name and Qualifications of Doctor.	District.	Appointment held:—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer
<b>Ashford and District Area.</b>	<b>*Population 59,260.</b>	<b>Acreage 187,939.</b>		
Bentall, S. W. T., M.R.C.S., L.R.C.P.	Rolvenden, etc.	...	...	Yes
Cole, H. A., M.B.	Rolvenden, etc.	Yes	...	...
Fennell, T. L., M.B., CH.B.	Chilham, etc.	Yes	...	Yes
Fox, C. T., M.R.C.S., L.R.C.P.	Ashford	Yes	Yes	...
Garman, J. M., M.R.C.S., L.R.C.P.	Brabourne, etc.	Yes	...	Yes
Gaskell, K. H., M.R.C.S., L.R.C.P.	Woodchurch, etc.	...	...	Yes
Gray, J. D., M.D.	Ashford	Yes	...	Yes
Johnson, J. M., M.B., B.S.	Smarden, etc.	Yes	...	Yes
Littledale, H. E., B.A., M.D., CH.B., B.A.O., D.P.H.	Charing, etc.	Yes	Yes	Yes
McLaren, R., M.D., CH.B., D.P.H.	Tenterden, etc.	Yes	...	...
McMillan, A., L.R.C.P., L.R.C.S.	New Romney, etc.	Yes	...	Yes
McVittie, A. C., M.A., M.B., CH.B.	Aldington, etc.	Yes	...	Yes
Milne, A. Y., M.B., CH.B.	Willesborough, etc.	Yes	...	Yes
Newall, F. J., M.B., CH.B.	Kennington, etc.	Yes	...	Yes
Nicoll, D. A., M.R.C.S., L.R.C.P.	Wittersham, etc.	Yes	...	Yes
Palmer, R., M.A., L.R.C.P., M.R.C.S.	Lydd, etc.	Yes	...	Yes
Purser, J. J., M.D, B.CH., B.A.O.	Brookland, etc.	...	...	Yes
Stanley, E. H. B., M.R.C.S., L.R.C.P.	Biddenden, etc.	Yes	...	Yes
Taylor-Jones, T. H. E., M.R.C.S., L.R.C.P.	Tenterden	...	...	Yes
Ticehurst, C. B., M.A., B.C., M.R.C.S., L.R.C.P.	Warehorne, etc.	Yes	...	Yes
<b>Bromley and District Area</b>	<b>Population 234,940.</b>	<b>Acreage 43,029.</b>		
Bastedo, G. M., M.D.	County Hospital, Farnborough	...	Yes	...
Davies, W. Haydn, M.R.C.S., L.R.C.P.	Orpington	Yes	...	Yes
Dimond, D. L., M.B., CH.B.	County Hospital, Farnborough	...	Yes	...
Douse, J. F., M.R.C.S., L.R.C.P.	Farnborough, etc.	...	...	Yes
Dysart, C., M.R.C.S., L.R.C.P.	Bromley North	Yes	...	Yes
Enraght, V. W., M.R.C.S., L.R.C.P.	Penge	Yes	...	...
Giddings, G. T., M.B., M.R.C.S.	Beckenham	Yes	...	Yes
Hackwood, J. F., M.D., F.R.C.S.	County Hospital, Farnborough	Yes	Yes	...
Hopton, J., M.R.C.S., L.R.C.P.	Farnborough, etc.	Yes	...	...
Miller T. D., M.B., B.S., M.R.C.S., L.R.C.P.	Sidcup	...	...	Yes
Milner, G. C., M.A., CH.B., M.R.C.S., L.R.C.P.	Chislehurst (part), etc.	Yes	...	...
Pease, M. E., M.D., B.S., M.R.C.S., L.R.C.P.	Knockholt, etc.	Yes	...	Yes
Power, J. D., L.R.C.P., L.R.C.S.	Mottingham	Yes	...	Yes
Scott-Turner, A., M.R.C.S., L.R.C.P.	Penge	...	...	Yes
Shaw, G. H., M.A., M.R.C.S., L.R.C.P.	West Wickham	...	...	Yes
Tallent, J. H., B.A., M.B., B.S., L.R.C.P., M.R.C.S.	Chislehurst (part)	Yes	...	Yes
Whitbread, J. L. M., M.D., M.R.C.S.	County Hospital, Farnborough	...	Yes	...
Yolland, J. H., C.B.E., M.R.C.S., B.A., L.M.S.S.A.	Bromley South	Yes	...	Yes
<b>Dartford and District Area.</b>	<b>Population 250,260.</b>	<b>Acreage 59,527.</b>		
Adam, G. A. H., M.B., CH.B.	Dartford	...	Yes	...
Barr, J. T., B.S., M.D., M.R.C.S., L.R.C.P.	Erith	...	...	Yes
Carrie, J., M.R.C.S., L.R.C.P.	Erith (part)	Yes	...	Yes
	Crayford (part)			
Carroll, C. K., L.R.C.P., L.R.C.S., L.R.F.P.S.	Bexley, etc.	Yes	...	Yes
Cochrane, T. S., M.R.C.S., L.R.C.P.	Dartford	Yes	Yes	Yes
Crawford, R. A., L.R.C.S.I. & L.M., L.R.C.P.I. & L.M.	Sutton-at-Hone (part), etc.	Yes	...	...
Crawford, R. R. D., B.A., M.B., B.CH., B.A.O.	Sutton-at-Hone (part), etc.	...	...	Yes
Cumming, R. W., M.A., M.B., CH.B.	Bexley, etc.	...	...	Yes
Dismorr, C., M.R.C.S., L.R.C.P.	Gravesend	Yes	Yes	...
Hagard, J. I., L.R.C.P., L.R.C.S., L.R.F.P.S.	Gravesend	...	...	Yes
Harrison, L. F. A., M.R.C.S., L.R.C.P.	Farningham District	...	...	Yes

\*Figures as to population and acreage are estimated figures in each area of this tabulation.

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
<b>Dartford and District Area—Continued.</b>				
Horrocks, F., M.B., CH.B., M.R.C.S., L.R.C.P.	Gravesend	...	...	Yes
Kagon, R. J., L.M.S.S.A.	Erith	...	...	Yes
MacDonald, P. H., M.B., CH.B.	Erith (part)	Yes	...	..
McDonnell, M. F., M.B., CH.B., B.A.O., N.U.I., D.P.H.	Northfleet	Yes	...	Yes
Newnham, F. M., M.R.C.S., L.R.C.P.	Dartford, etc.	...	...	Yes
Ockwell, C. M., M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.	Dartford, etc.	Yes	...	...
Priestley, John, L.R.C.P., M.R.C.S.	Longfield, etc.	Yes	...	Yes
Rhys-Jones, G. C., L.M.S.S.A.	Dartford	...	...	Yes
Rogers, J. S., M.R.C.S., L.R.C.P.	Farningham, etc.	...	...	Yes
Smith, S. H., M.R.C.S., L.R.C.P.	Farningham, etc.	Yes	...	Yes
Stacey, R. D., M.R.C.S., L.R.C.P.	Crayford	Yes	...	Yes
Standley, D. W., M.B., CH.B.	Swanscombe, etc.	Yes	Yes	Yes
Walker, M. F. E., M.B., B.S.	Dartford	...	...	Yes
Watson, J. D., B.A., M.B., B.CH., B.A.O.	Dartford	...	...	Yes
<b>Faversham and District Area.</b>		Population 76,690.	Acreage 923,09.	
Crerar, J., M.B., CH.B.	Sittingbourne	...	...	Yes
Gange, C. O., M.B., CH.B.	Faversham Inst.	Yes	Yes	Yes
Gange, F. W., M.D., M.R.C.S., L.R.C.P.	Faversham	Yes	...	..
Ind, C. U., M.D., M.R.C.S., L.R.C.P.	Sittingbourne	Yes	...	...
Kennedy, A., M.A., M.B., CH.B.	Boughton, etc.	Yes	...	Yes
Lee, J. C., M.R.C.S., L.R.C.P.	Newington etc.	Yes (acting)...	...	Yes
Madwar, H. A., L.R.C.P., L.R.C.S., L.R.F.P.S.	Queenborough and Sheerness, etc.	Yes	Yes	Yes
Manning, H. P. O., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	...	Yes
Porter, T. W. H., B.A., B.M., M.R.C.S., L.R.C.P.	Teynham, etc.	Yes	...	...
Wilson, C. L., B.A., L.R.C.P.I., L.R.C.S.I. & L.M.	Sittingbourne	Yes	Yes	Yes
<b>Maidstone and District Area.</b>		Population 12,0380.	Acreage 184,451.	
Adam, W. J., M.B., CH.B.	Marden	Yes	...	Yes
Bolton, N. H., M.D., CH.B., D.T.M., F.R.C.S.	Wrotham, etc.	Yes	...	Yes
Cole, A. F., F.R.C.S., L.R.C.P.	West Malling, etc.	Yes	Yes	Yes
<i>Cole, H. A.</i> , M.B., CH.B., L.R.C.P.	Benenden	Yes	...	Yes
Collins, H. S., M.D., B.CH., D.P.H.	Hollingbourn, etc.	Yes	...	Yes
Combe, W., B.SC., M.B., CH.B.	Snodland, etc.	Yes	...	Yes
Cotman, J. S., M.R.C.S., L.R.C.P.	East Peckham	Yes	...	Yes
Falwasser, A. T., D.S.O., M.R.C.S., L.R.C.P.	Maidstone, etc.	Yes	...	Yes
Goodwin, G. P., M.A., M.B., B.CH., M.R.C.S., L.R.C.P.	East Malling	...	...	Yes
Gough, W., M.R.C.S., L.R.C.P.	Cranbrook	Yes	Yes	Yes
Hallam, M., M.R.C.S., L.R.C.P.	Yalding, etc.	Yes	...	Yes
Hamilton, G. E. R., M.B., B.S., M.R.C.S., M.R.C.P.	East Malling, etc.	Yes	...	...
Hardwick, R. H., M.R.C.S., L.R.C.P.	Headcorn, etc.	Yes	...	Yes
Hitchings, D. B., M.R.C.S., L.R.C.P.	Sandhurst	Yes	...	Yes
Kirkman, A. H. B., F.R.C.S., L.R.C.P.	Staplehurst, etc.	Yes	...	Yes
Laird, W. J. A., L.R.C.P., L.R.C.S.	Lenham, etc.	Yes	...	Yes
<i>Lee, J. C.</i> , M.R.C.S., L.R.C.P.	Stockbury, etc.	...	...	Yes
Marshall, R. P., M.R.C.S., L.R.C.P.	Goudhurst	Yes	...	Yes
Oliver, C. P., Junr., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Boxley (part), etc.	Yes	...	Yes
Prentiss, H. H., M.B., CH.B., B.A.O., R.U.I.	Hawkhurst	Yes	...	Yes
Richmond, F., B.A., M.B., B.CH.	Aylesford, etc.	Yes	...	Yes
Severne, A. de M., M.A., M.R.C.S., L.R.C.P.	Wateringbury, etc.	Yes	...	Yes
Smith, J., M.B., CH.B.	Sutton Valence, etc.	Yes	...	Yes
Taylor, L. H., M.B., B.S., M.R.C.S., L.R.C.P.	Loose, etc.	Yes	Yes	Yes
<b>Medway Towns Area.</b>		Population 163,690.	Acreage 65,277.	
Bather, S. A., B.A., M.R.C.S., L.R.C.P.	Rainham	...	...	Yes
Clifford, M., M.D., B.CH., B.A.O.	Gillingham (part)	Yes	...	Yes
Donaldson, W. S., B.A., M.D., M.C.P.S., L.M.C.C.	Rochester (part)	Yes	...	Yes
Edwards, J. C. S., M.B., CH.B.	Halling, etc.	Yes	...	Yes
Gray, R. E., L.M.S.S.A.	Chatham West	...	...	Yes
Gross, E. C., L.M.S.S.A.	Rochester (part.)	Yes	...	Yes



Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
<b>Medway Towns Area—Continued</b>				
Heycock, M. H., M.B., CH.B.	County Hospital, Chatham	...	Yes	...
Hoby, H. J., M.R.C.S., L.R.C.P.	Chatham East	Yes	...	Yes
Lee, J. C., M.R.C.S., L.R.C.P.	Gillingham (part)	Yes	...	...
Magill, A., L.M.S.S.A.	County Hosp., Chatham	...	Yes	...
Charters, W. S., M.B., CH.B.	County Hosp., Chatham	...	Yes	...
Rogers, A. B., L.S.A.	Cliffe	Yes	...	Yes
Wall, D. L., M.B., CH.B.	Hoo	Yes	...	Yes
Wykes, W. H., M.R.C.S., L.R.C.P.	Higham, etc.	Yes	...	Yes
<b>North East Kent Area.</b>				
	Population, 186,580.	Acreage 144,763.		
Anderson, C. A., M.R.C.S., L.R.C.P.	Sandwich	Yes	...	Yes
Bellamy, G. E., M.R.C.S., L.R.C.P.	Eythorne, etc.	Yes	...	Yes
Davies, D. A., B.Sc., F.R.C.S., L.R.C.P., L.D.S., R.C.S.	Walmer	...	...	Yes
Dunlop, W. J., F.R.C.S.I., L.R.C.P.I.	Manston Children's Home	Yes	Yes	...
Glynn, T., M.B., CH.B., B.A.O., F.R.C.P., M.R.C.S.	Whitstable	...	...	Yes
Groome, W., M.B.E., M.B., C.M.	Margate (part)	Yes	...	Yes
Harris, R. J., M.R.C.S., L.R.C.P.	Minster	Yes	Yes	Yes
Hayes, J. B., M.R.C.S., L.R.C.P.	Margate (part)	Yes	...	Yes
Ince, A. G., F.R.C.S., L.R.C.P.	Sturry	Yes	...	Yes
Kirk, D. W., M.B., CH.B.	Deal, etc.	...	...	Yes
Laurie, L. M., M.D., CH.B.	Herne Bay, etc.	Yes	Yes	Yes
Loveless, W. B., M.R.C.S., L.R.C.P., M.C., B.M.	Ramsgate, etc.	...	...	Yes
McAnally, A. A., M.R.C.S., L.R.C.P.	Eastry, etc.	Yes	Yes	Yes
McCall Smith, N., M.D., B.S.	Ash, etc.	Yes	...	Yes
Macauley, H. T., L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.	Broadstairs	Yes	...	Yes
Mercer, E. B., M.B., CH.B.	Littlebourne, etc.	Yes	...	Yes
Nettelfield, W. H., M.R.C.S., L.R.C.P.	Wingham, etc.	Yes	...	Yes
Rashleigh, H. G., M.R.C.S., L.R.C.P.	Chartham, etc.	Yes	...	Yes
Twomey, T., M.B., B.CH., B.A.O.	Barham, etc.	Yes	...	Yes
Wilson, A. T., M.B., B.CH., B.A.O.	Barham, etc.	...	Yes	Yes
Barker, A., M.B., B.CH., M.R.C.S., L.R.C.P.	Whitstable	Yes	...	...
Dunwoody, W. G., B.A., M.D., B.A.O., B.CH.	Ramsgate	Yes	...	...
Boulden, C. P. F., M.A., M.B., B.CH., L.R.C.S., L.R.C.P.	Deal	Yes	...	...
<b>South East Kent Area.</b>				
	Population, 115,590.	Acreage, 73,240.		
Adamson, C. H., M.B., C.M., F.R.C.S.	Alkham, etc.	Yes	...	Yes
Elliott, E. E., M.R.C.S., L.R.C.P.	Dover Institution	Yes	Yes	...
Garman, J. M., M.R.C.S., L.R.C.P.	Sellindge, etc.	Yes	...	Yes
Jones, P. W. E., B.Sc., M.R.C.S., L.R.C.P.	Cheriton	...	...	Yes
McCausland, C. E., B.A., M.B., CH.B., B.A.O.	Folkestone	Yes	...	Yes
Mitcheson, V. S., M.R.C.S., L.R.C.P., B.A.	Lyminge, etc.	Yes	Yes	Yes
Molesworth, T. H., B.A., M.B., CH.B., F.R.C.S., L.R.C.P.	St. Margaret's, etc.	Yes	...	Yes
Parker, F. G., M.B., B.CH., M.R.C.S., L.R.C.P.	Sandgate	Yes	...	Yes
Richardson, R. P., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	...	Yes
Scoones, H. E., M.R.C.S., L.R.C.P.	Hythe, etc.	Yes	...	Yes
Stevens, H., M.R.C.S., L.R.C.P.	Dover	Yes	...	Yes
<b>Tonbridge and District Area.</b>				
	Population 123,160.	Acreage 120,753.		
Alexander, J. F., M.A., M.D., B.CH.	Sevenoaks, etc.	...	...	Yes
Archer, E. C., M.B., B.S., M.R.C.S., L.R.C.P.	Riverhead, etc.	Yes	...	...
Berkley, E. A. R., M.R.C.S., L.R.C.P.	Leigh, etc.	...	...	Yes
Coulthard, J. J., M.B., CH.B., F.R.C.S.	Edenbridge	Yes	...	Yes
Wood, W. C., M.D., F.R.C.S., L.R.C.P.	Leigh, etc.	Yes	...	...
Grasby, E. D. Y., M.B., B.S., M.R.C.S., L.R.C.P.	Tunbridge Wells	Yes	Yes	Yes
Hepper, J. E., M.R.C.S., L.R.C.P.	Brenchley, etc.	Yes	...	Yes
Mansfield, P. A., M.D., B.CH.	Sevenoaks	...	...	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
<b>Tonbridge and District Area—Continued.</b>				
McNaughton-Jones, M. I., M.D., B.S., M.R.C.S., L.R.C.P.	Sevenoaks, etc.	Yes	...	...
Mitchell, T. W., M.D., C.M.	Hadlow	Yes	...	Yes
Pain, B. H., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Southborough, etc.	Yes	...	Yes
Peers, A. L., M.R.C.S., L.R.C.P.	County Hospital, Pembury	...	Yes	...
Pickles, H. D., M.R.C.S., L.R.C.P.	Westerham, etc.	Yes	...	Yes
Ramsden, W. M., M.B., B.S., M.R.C.S., L.R.C.P.	Tonbridge	Yes	...	Yes
Ward, K. L. S., M.B., CH.B.	Brasted	Yes	Yes	...
Whittome, A., M.B., CH.B., F.R.C.S.	Lamberhurst, etc.	Yes	...	Yes

The Doctors whose names are given in italics appear in two districts on the list.

VACCINATION OFFICERS—For list see p. 122a.

COUNTY VETERINARY STAFF :

County Veterinary Officer—S. B. Vine, M.R.C.V.S.

Assistant County Veterinary Officers—

F. F. Horton, Tonbridge.

T. Y. Littler, Canterbury.

J. S. Steward, Maidstone.

J. Stewart, Ashford.

District Inspectors—

Ashford—F. C. Gillard.

G. E. Oxspring.

Bearsted, Malling & Sitting-  
bourne—C. Crowhurst.

Beckenham—A. Cornish-Bowden.

Bromley—P. J. Turner.

Cranbrook—F. Crowhurst.

Dartford—F. W. Robards.

Deal—A. T. Crowther.

Elham & Wingham—H. P. Hogben.

Romney Marsh—H. S. Head.

St. Augustine's—J. G. Cattell.

Sandwich—T. F. Hogben.

Sevenoaks—L. P. Pugh.

Strood—E. Ebbetts.

Thanet—E. P. Barrett.

Tonbridge—R. V. Isherwood.

Tunbridge Wells—C. Roberts.



## Section A

# ANNUAL REPORT

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### ADMINISTRATION.

The following changes in public health administration in Kent took place during 1936 :—

*Bexley U.*—Dr. G. F. Bramley commenced duty as whole-time medical officer of health, on June 1st, 1936.

*Sittingbourne and Milton U.*—Dr. A. J. Wernet died in May. Dr. W. C. D. Hills acted as medical officer of health for the remainder of the year, and until Dr. H. K. Brade-Birks took over the duties at the end of January, 1937.

*Hollingbourn R.*—Dr. H. S. Collins resigned his appointment as medical officer of health, and Dr. P. J. Gaffikin, (Medical Officer of Health of Maidstone) was appointed as from April 1st, 1936.

*Swale R.*—Dr. A. J. Wernet died in May. Dr. W. C. D. Hills acted as medical officer of health until the appointment of Dr. P. Selby as acting medical Officer.

## MINISTRY OF HEALTH INQUIRIES

The following inquiries were held by the Ministry of Health during 1936:—

Date.	District.	Amount of Loan.	Purposes for which Loan was required, or other reason of Inquiry.	Result.
Jan. 7th	Bromley B.	£12,129	Works of surface-water sewerage	Loan sanctioned and work completed.
Feb. 11th	West Kent Main Sewerage Board	(a) £54,130	(a) Works of sewerage disposal :	Loans sanctioned.
Feb. 14th	Herne Bay U.	(b) £16,766 (a) £1,130 (b) —	(b) Works of sewerage : (a) Works of sewerage : (b) Consent to application of part proceeds of sale of land towards cost of sewage-disintegrator.	Loan sanctioned and consent granted.
Feb. 19th	Chislehurst and Sidcup U.	£2,100	Purchase of land for refuse-disposal plant and dépôt	Loan sanctioned.
Feb. 20th	Rochester C.	£7,000	Purchase of wharf and land for use as dépôt	Loan sanctioned.
Feb. 21st	Bexley U.	(a) £1,400 (b) £25,100	(a) Purchase of land for refuse-disposal : (b) Purchase of land for public walks and pleasure-grounds, and reclaiming part of such land by tipping refuse.	Loans sanctioned.
Feb. 25th	Sittingbourne and Milton U.	£49,650	Works of water-supply	Loan sanctioned.
Feb. 27th	Bridge-Blean R.	£2,685	Purchase of vehicles for scavenging work	Loan sanctioned.
April 1st	New Romney B.	£24,500	Works of sewerage and sewage-disposal	Loan sanctioned.
April 28th	Chatham B.	£84,000	Works of surface-water sewerage	Loan sanctioned.
May 19th	Sheppey R.	£4,500	Works to protect against coast-erosion	Loan sanctioned.
May 19th	Swanscombe U.	£2,200	Works of sewage-disposal	Loan sanctioned.
May 21st	Ashford U.	(a) £28,580 (b) £8,900	(a) Works of sewerage and sewage-disposal at Kennington and Willesborough: (b) Works of sewerage at Godinton Road and South Ashford	Both loans sanctioned.
July 28th	Gravesend B.	£20,642	Construction of swimming pool	Loan sanctioned and construction in progress.
Nov. 10th	Margate B.	£88,000	Works of sewerage	Scheme amended and under consideration.
Dec. 8th	Folkestone B.	£160,350	Works of sewerage and sewage-disposal	Loan sanctioned.
Dec. 15th	Bexley U.	£35,835	Works of sewerage	Loan sanctioned.
Dec. 17th	Tunbridge Wells B.	£15,260	Extension of sewage-disposal works	Loan sanctioned.

## OFFICIAL CIRCULARS, ETC., RESPECTING PUBLIC HEALTH MATTERS.

*Housing.*—Circular 1,539 (7-5-1936) referred to previous Circulars relating to the Housing Act of 1935, and stated that the Minister of Health had had under consideration the further steps to be taken in order to bring into operation the whole of the overcrowding provisions of that Act.

The Minister gave notice that January 1st, 1937 would be the appointed day (under Secs. 3, 4, 8 and 68) in the case of all local authorities whose survey disclosed a total number of overcrowded families which was either under a hundred, or less than two per cent. of the total number of working-class houses in the district. Applications for the fixing of the same date would also be considered, from authorities whose overcrowding falls outside these limits.

Where overcrowding was acute, and the problem one of considerable magnitude, it was recognized that a longer period would be necessary before the fixing of the appointed day, and the proposals of individual local authorities would be considered, if submitted before July 1st.

The Circular also dealt at some length with the considerations which should be taken into account in the framing of re-housing proposals.

The Housing Act, 1935 (Operation of Overcrowding Provisions) Order, (No. 1) 1936 (26-6-1936) ordered that the appointed day for the purposes of Sec. 6 of the Act should be July 1st, 1936; and the appointed day for the purposes of Secs. 3, 4, 8 and 68 should be January 1st, 1937. The Circular (1,560—30-6-1936) which accompanied this Order, referred to it as 'the first step in bringing the overcrowding provisions of the Act into active effect.'

The Housing Act, 1936 (31-7-1936) is an Act 'to consolidate the Housing Acts, 1925 to 1935, and certain other enactments relating to housing,' and came into force on January 1st, 1937. Its effect is to supersede entirely the Act of 1925, while only a few provisions of the Acts of 1930 and 1935 remain.

Circular 1,583 (28-11-1936) referred to the Circular and Memorandum on the Housing (Rural Workers) Acts, issued in August, 1935, which had directed attention to the increased opportunities presented by the Housing Act of 1935 for the use of the Rural Workers Acts. Experience had shown that while there had been some increase in the number of applications made to local authorities, such increase had been very gradual; and 'the progress made is not, in the Minister's opinion, commensurate with the opportunities which the Acts provide for the improvement of rural housing.' A Report had been drawn up by a sub-committee of the Central Housing Advisory Committee, on the housing problem in rural areas; and this Report indicated the great importance of sustained and continuous publicity, and made suggestions as to attainment. In these matters the Minister concurred, and was therefore publishing the Report as being of considerable assistance to local authorities.

The Housing Acts (Form of Orders and Notices) Regulations, 1936 (23-7-1936) superseded the Provisional Regulations which were made in August, 1935. Certain verbal additions had been made in some of the forms.

*Milk.*—Circular 1,533 (24-4-1936) accompanied the Milk (Special Designations) Order 1936 (18-4-1936).

The Order, which came into operation from June 1st, 1936, revoked the corresponding Orders of 1923 and 1934, and prescribed the special designations as "Tuberculin Tested," "Accredited," and "Pasteurised," giving the conditions applicable for each grade. Licences granted before June 1st, 1936 under the Orders of 1923 and 1934, would continue in operation—those to sell milk as 'Certified' or 'Grade A (Tuberculin Tested)' being deemed licences to use the revised designation 'Tuberculin Tested,' and those to sell milk as 'Grade A' being regarded as equivalent to using the designation 'Accredited.' Licence holders should be informed of these changes, and advised of the abolition of the older designations; they would be allowed however to utilise present stocks of caps and labels until December 31st, 1936.

Reference was made to the desirability of requiring all applicants for new producers' licences, to have samples of their milk submitted to bacteriological examination; and the results of these examinations should be such as to make it reasonably probable that the milk would "regularly comply with the prescribed tests at all stages and at all times of the year." The licensing authority should also arrange for the farm to be inspected, with special reference to methods of milking and sterilisation of utensils, "as the result of an examination of a single sample or of a few samples of milk cannot necessarily be relied upon as sufficient evidence



that the conditions of production are such that the milk will regularly comply with the prescribed tests."

County Councils should co-operate with District Councils, to obtain the benefit of information possessed by the latter under the Milk and Dairies Order of 1926. The requirements of that Order, it was suggested, might properly be taken as a minimum.

Bacteriological tests were prescribed by the new Order, until the end of the year, with a methylene blue reduction test as from the beginning of 1937.

Attention was directed to the advisability of surveying all licensed pasteurising establishments, with regard to both apparatus and methods, and to a test which has recently been devised for pasteurised milks.

Circular 1,580 (5-11-1936) enclosed a revised edition of Memo 139/Foods. This memorandum prescribed the manner of carrying out the methylene blue test and the coliform bacillus test in samples of tuberculin tested milk and accredited milk, and the plate-count test in samples of pasteurised milk, which were to be observed as from January 1st, 1937.

*Midwives.*—The Midwives Act, 1936 (31-7-1936) dealt with the provision of certified midwives by local authorities, and made it a duty of a local authority to secure that the number of midwives in the district should be sufficient for the requirements of that district. In achieving this, the local authority were empowered to make arrangements with welfare councils or organisations already employing midwives, or alternatively to employ such midwives direct. Within six months from the commencement of the Act, the local authority must submit its proposals for carrying out these duties to the Minister of Health ; and such proposals must follow consultation with voluntary organisations, medical practitioners and midwives' associations, and embody arrangements made with them. The Act also empowers the charging of fees for the attendance of midwives, the abatement of such fees in cases of hardship, and the provision of midwives' pensions. Unqualified persons are prohibited from acting as maternity nurses for gain. The power of the Central Midwives Board to frame rules under Section 3 of the Midwives Act of 1902, is made to include power to require midwives to attend courses of instruction ; and the provision of such courses of instruction is incumbent on the local authority.

The provisions of the Act were reviewed and elaborated by Circular 1,569 (18-9-1936), and an accompanying memorandum (Memo. 200/M.C.W.).

The Medical Practitioners (Fees) Regulations, 1936 (26-10-1936) prescribed a scale of fees which are to be paid (save in certain circumstances) to medical practitioners under Section 14 of the Midwives Act, 1918. These Regulations, and their accompanying Circular (1,582—2-11-1936) were the outcome of the decision given by the Court of Appeal in the matter referred to on page 15 of my last Report.

*Maternity and Child Welfare.*—Circular 1,538 (20-4-1936) reminded local authorities that it was necessary to prepare and submit for the approval of the Minister of Health, before 30th September, 1936, a further scheme for securing payment by the Council of annual contributions to voluntary associations providing maternity and child welfare services in the area. Such schemes would operate during the period April 1st, 1937, to March 31st, 1942.

Copies of model schemes were enclosed with the Circular, and it was suggested that Councils might take approved existing schemes and amending schemes as the basis for a new scheme. Consultation with voluntary associations was provided for, and a new scheme must set out all omissions or variations from the existing scheme, with the reasons therefor. Special emphasis was laid upon the necessity of submitting the scheme by September 30th ; and any variations in amounts, consequent upon the passing of the Midwives Bill, must if necessary be dealt with by subsequent modification or alteration of the scheme.

Circular 1,550 (29-5-1936) referred to the fact that the Minister of Health had had under consideration the schemes of local authorities for the supervision of the health of children not in attendance at school. So far as concerned children up to the age of eighteen months or two years, he was convinced that in general these arrangements were satisfactory ; but it had been found that in many areas insufficient attention was being given to the health of those between the ages of eighteen months and five years. The proportion of children found to be requiring treatment

on entering school was considerable, and it was clear that in many cases the conditions requiring such treatment could have been prevented from developing or, could have been quickly cured, by adequate supervision throughout pre-school years.

It was essential that in all areas there should be systematic periodical health visiting of young children who are not in attendance at school, and it should be the duty of the health visitor to see them at regular intervals, and recommend medical examination whenever there was a suggestion of departure from normal health. The holding of "toddlers' clinics" at infant welfare centres was to be commended.

In many areas the school clinic was available for the treatment of young children, and it was desirable that such arrangements should be more generally made; and that the same medical officer who would supervise the children in school should be responsible for their supervision during pre-school years. This could most readily be effected "if the Maternity and Child Welfare Service is in the hands of the Local Authority responsible for the School Medical Service. There is in fact no doubt that, in general, the adequate supervision of the health of the pre-school child will be best secured if the responsibility for attending to the health of children, from birth up to school-leaving age, is concentrated in the hands of one and the same Authority."

The success of any efforts in the matter must depend to a large extent on the efficiency of the health-visiting staff, and it was clear that in many areas it might be necessary to increase that staff, and offer salaries commensurate with the long and specialised training that was required to fit women for the work.

Consideration should be given also, to the desirability of establishing day nurseries; and in general there should be a review of all arrangements for supervising the health of young children.

*Registration of Nursing Homes.*—Circular 1,574 (30-9-1936) stated that the Minister of Health had received representations that the steps taken by local supervising authorities in the matter of the Nursing Homes Registration Act of 1927, are not invariably sufficient to enable them to ascertain at an early stage the existence of unregistered nursing homes. It was suggested therefore, that each authority should secure the co-operation in this matter of the medical practitioners practising in their area, by circulating to such practitioners, from time to time, a list of the registered nursing homes, and asking them to notify the authority of the existence of any unregistered home. This suggestion had the concurrence of the British Medical Association.

A further suggestion was made, that local authorities should make full use of the services of their appropriate officers, such as health visitors and sanitary inspectors, in bringing to light the existence of unregistered homes; and should make arrangements for the regular examination of press advertisements for patients or staff for nursing homes, with the same object in view.

Authorities were reminded, also, of the importance of adequate supervision of all registered nursing homes, and were requested to review their arrangements for periodical inspection in order to ensure that the requirements of the Act were in all cases fully observed.

*Venereal Diseases.*—Circular 1,536 (16-4-1936) was in continuation of a Circular of February, 1934, relative to the International Agreement for the treatment of venereal diseases amongst seamen. The list of treatment centres in ports throughout the world was revised; attention was directed towards a greater measure of publicity of the facilities available at ports for the treatment of seamen, and the advisability of afternoon or evening sessions at all centres; and alternative schemes were suggested for securing a more regular and co-ordinated treatment of merchant seamen.

*Poliomyelitis.*—Circular 1,586 (30-12-1936) enclosed a new edition of the memorandum 166/Med. (first issued in December, 1932), revised in the light of present-day knowledge. Particular attention was drawn to the section of the memorandum which deals with the administrative measures to be taken by medical officers of health on the occurrence of cases, or suspected cases, of this disease.



*Disinfestation.*—Circular 1,544 (22-5-1936) drew attention to the fact that whilst satisfactory results had been obtained in the destruction of bed-bugs by the use of orthodichlorobenzene, it had been found difficult to take adequate precautions against the fumes; and the period necessary for proper ventilation was so long as to render the method impracticable for use in occupied premises. Pending further inquiry, it was considered undesirable to use this preparation, whether in undiluted or diluted form, for the disinfestation of inhabited houses.

*Public Health Act, 1936.*—This Act (dated 31-7-1936, and taking effect on 1-10-1937) is an Act “to consolidate with amendments certain enactments relating to public health”; and its purpose is to effect technical amendments in certain branches of the law of public health, and to consolidate the law in those branches, with the amendments, into a single statute. It supersedes large parts of some former Acts relating to the public health; and it repeats wholly or almost wholly, many other Acts with a bearing upon public health matters.

Part I. deals with local administration, and includes rules for ‘port health authorities,’ formerly referred to as ‘port sanitary authorities.’ Also included in this Part are provisions as to joint boards, the division of districts, and the grant of urban powers to rural district councils.

Part II. is concerned with sanitation and buildings, including a new scheme for the vesting of sewers; new provision for dealing with highway drains, and the use of public sewers for the purpose of highway drainage: amendments in the law governing the provision of sanitary conveniences: new provisions as to buildings composed of short-lived materials: the subject of building on ground filled with offensive material: access to houses for the purpose of removal of refuse: and exits and entrances for public buildings. An important point in this Part, is the inclusion of a clause (Sec. 68) which provides that any building bye-laws made under this Part of the Act must be limited in duration—periodical reconsideration, generally every ten years, is necessary, with the first of such reconsiderations within three years of the coming into force of the Act. Another matter of interest is the provision (new to Public Health Law, but existent in Housing Law) of a general power to relax the requirements of a building bye-law in a particular case.

Part III. deals with nuisances and offensive trades; with definite amendments in the law as to offensive trades, an expansion of the list of such trades, the inclusion of some new sub-sections, and the power to make bye-laws for offensive trades and for fish-frying.

The subject of water supply by local authorities is dealt with in Part IV., and a number of substantial amendments in the law have been made; for example, one section establishes the power of a local authority, in certain circumstances, to supply water to premises outside its district.

Part V. is concerned with the prevention, notification and treatment of disease and replaces many Acts or parts of Acts, and establishes the power of the Minister of Health to make regulations with a view to the treatment of, and for preventing the spread of, certain diseases.

Hospitals, nursing-homes, etc. are the subject of Part VI. There are some amendments, and the hospital provisions have been generalised in view of the functions of County Councils under the Local Government Act of 1929. It is to be noted here that the repeal of the Isolation Hospitals Acts will not take effect until 1-10-1939, since that period is allowed for the taking of the steps necessary to supersede the existing Isolation Hospitals Committee.

Part VII. deals with maternity and child welfare, the notification of births, and child life protection, and effects considerable simplification of the law relating to these matters.

Part VIII. is concerned with baths, wash-houses and bathing-places; Part IX. with common lodging-houses (including an important new definition of that term); and Part X. with canal boats.

Part XI. embraces a number of miscellaneous provisions, among which may be mentioned amendments to the law relating to tents, vans, sheds, etc., and the provision of important new powers respecting the use of ' moveable dwellings ' or in other words for the control of camping.

Part XII. contains general powers which are in the main ancillary to the provisions of the earlier sections, but certain new principles have been adopted.

Circular 1,576 (3-11-1936) drew attention to some of the more important changes effected by the above Act, and to matters which called for early consideration by local authorities.

## VITAL STATISTICS.

POPULATION, ETC.—The population of the Administrative County at the middle of 1936 was estimated by the Registrar-General to be 1,336,500 ; and the distribution of this population, in each sanitary district of the county, is shown in Table 1. It will be seen that 1,058,000 were resident in the urban areas, and 278,500 in the rural districts.

Compared with the figures for 1935, the county population shows an increase of 32,900 ; the combined urban districts increasing by 29,800 and the combined rural districts by 3,100.

The density of population, for the county as a whole, was 1.38 per acre ; for the combined urban districts 5.57 per acre ; and for the combined rural districts 0.36 per acre. Densities in the urban districts range from 33.6 in *Penge Urban* and 17.0 in *Sheerness Urban*, to 0.3 in *Lydd Borough* and 0.4 in *Tenterden Borough*. Densities in the rural districts vary from 0.94 in *Dartford Rural* to 0.11 in *Romney Marsh Rural*.

TABLE 1—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1936 (mid-year).

DISTRICT.				Population 1936 (as estimated by the Registrar- General)	Acreage, inclusive of water	Persons per acre
<b>URBAN—</b>						
Ashford U.	...	...	...	22,300	5,657	4.0
Beckenham B.	...	...	...	68,210	5,937	11.5
Bexley U.	...	...	...	69,000	4,861	14.2
Broadstairs and St. Peter's U.	...	...	...	13,350	2,771	4.9
Bromley B.	...	...	...	57,850	6,513	8.9
Chatham B.	...	...	...	44,300	4,356	10.2
Chislehurst and Sidcup U.	...	...	...	54,300	8,967	6.1
Crayford U.	...	...	...	22,400	2,544	8.9
Dartford B.	...	...	...	33,040	4,233	7.9
Deal B.	...	...	...	23,100	2,903	8.0
Dover B.	...	...	...	40,510	3,447	11.8
Erith U.	...	...	...	36,380	3,860	9.5
Faversham B.	...	...	...	12,310	2,994	4.2
Folkestone B.	...	...	...	45,820	4,006	11.5
Gillingham B.	...	...	...	64,790	8,351	7.8
Gravesend B.	...	...	...	39,340	4,014	9.9
Herne Bay U.	...	...	...	15,800	8,566	1.9
Hythe B.	...	...	...	8,710	3,013	2.9
Lydd B.	...	...	...	2,699	11,932	0.3
Maidstone B.	...	...	...	46,980	5,976	7.9
Margate B.	...	...	...	39,900	6,960	5.8
New Romney B.	...	...	...	1,861	1,514	1.3
Northfleet U.	...	...	...	17,820	3,770	4.8
Orpington U.	...	...	...	39,900	20,842	2.0
Penge U.	...	...	...	25,810	770	33.6
Queenborough B.	...	...	...	2,924	1,103	2.7
Ramsgate B.	...	...	...	34,600	3,624	9.6
Rochester C.	...	...	...	35,050	3,759	9.4
Sandwich B.	...	...	...	3,852	2,137	1.9
Sevenoaks U.	...	...	...	12,440	3,716	3.4
Sheerness U.	...	...	...	15,950	943	17.0
Sittingbourne and Milton U.	...	...	...	20,920	4,935	4.3
Southborough U.	...	...	...	7,623	1,758	4.4
Swanscombe U.	...	...	...	8,394	2,142	4.0
Tenterden B.	...	...	...	3,417	8,946	0.4
Tonbridge U.	...	...	...	17,630	4,599	3.9
Tunbridge Wells B.	...	...	...	33,420	6,034	5.6
Whitstable U.	...	...	...	15,300	7,658	2.0
TOTALS—URBAN				1,058,000	190,111	5.57
<b>RURAL—</b>						
Ashford, East	...	...	...	9,094	51,398	0.18
Ashford, West	...	...	...	8,577	39,455	0.22
Bridge-Blean	...	...	...	15,690	55,868	0.29
Cranbrook	...	...	...	13,450	41,315	0.33
Dartford	...	...	...	31,860	34,103	0.94
Dover	...	...	...	9,154	26,098	0.36
Eastry	...	...	...	23,980	54,276	0.45
Elham	...	...	...	8,605	36,676	0.24
Hollingbourn	...	...	...	13,920	56,796	0.25
Maidstone	...	...	...	15,270	34,709	0.44
Malling	...	...	...	30,400	45,655	0.67
Romney Marsh	...	...	...	3,317	31,035	0.11
Sevenoaks	...	...	...	27,480	62,959	0.44
Sheppey	...	...	...	7,529	20,319	0.38
Strood	...	...	...	16,940	48,811	0.35
Swale	...	...	...	18,000	62,015	0.30
Tenterden	...	...	...	6,304	38,002	0.17
Tonbridge	...	...	...	18,930	41,687	0.46
TOTALS—RURAL				278,500	781,177	0.36
TOTALS—COUNTY				1,336,500	971,288	1.38



BIRTHS.—During 1936 the births of 19,534 living children were registered, which is an increase of 447 on the previous year's total. This total is made up of 9,962 males and 9,572 females.

The total excess of births over deaths was 4,506—2,316 males and 2,190 females.

The birth-rates for the year were 14.7 for the combined urban districts, 14.6 for the combined rural districts, and 14.7 for the county as a whole ; in each case the same figure as recorded for the previous year. The following tabulation shows the figures for the past ten years :—

Year	...	...	...	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Urban Districts	...	...	...	15.6	15.4	15.4	15.2	15.0	14.6	13.9	14.3	14.7	14.7
Rural Districts	...	...	...	15.1	15.4	15.1	15.3	14.9	14.5	14.5	14.9	14.6	14.6
Whole County	...	...	...	15.4	15.4	15.3	15.2	15.0	14.6	14.1	14.5	14.7	14.7
Percentage Illegitimate	...	...	...	4.45	4.34	4.51	4.47	4.19	4.33	4.31	4.32	4.11	3.77
England and Wales	...	...	...	16.7	16.7	16.3	16.3	15.8	15.3	14.4	14.8	14.7	14.8

The highest birth-rate in the county was that of *Northfleet Urban* 20.0 and this was closely followed by *Orpington Urban* (19.2), *Bexley Urban* (18.6), *Deal Borough* (17.4) and *Crayford Urban* (17.1), among the towns, and by *Eastry Rural* (16.9), *Sheppey Rural* (16.3) and *Bridge-Blean Rural* (16.2) among the rural districts.

The lowest rates recorded were those of *Herne Bay Urban* (9.2), *Broadstairs Urban* (9.3) and *Whitstable Urban* (10.8) among the towns ; and *Cranbrook Rural* (10.8) the lowest rural rate.

The numbers of births in each sanitary district, showing legitimate and illegitimate totals, will be found in Tables 2 and 3.

The percentage of illegitimate births has again declined, and the figure of 3.77 per cent. is the lowest recorded for twenty-six years.

STILL-BIRTHS.—The still-births recorded in the county for the year totalled 695, as compared with 642 in 1935, 655 in 1934 and 603 in 1933.

The rate of still-births in the county, per thousand of the population, was 0.53, which is well below the rates of England and Wales (0.61), the 122 great towns (0.67) and the 143 smaller towns (0.64). In the combined urban areas it was 0.52, and in the combined rural areas 0.54.

The number of still-births in each sanitary district in the county is shown in Tables 2 and 3.

TABLE 2—Showing Deaths, Births and Infantile Mortality in the different URBAN DISTRICTS of the County of Kent in the year 1936.

DISTRICT.	* DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death-rate per 1,000 of the population.	* Comparable death-rate	Legitimate.	Illegitimate.	Total.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age, per 1,000 births
Ashford U. ...	283	12·7	10·80	258	17	275	12·4	10	11	1	12	44
Beckenham B. ...	626	9·2	9·02	927	12	939	13·8	29	26	2	28	30
Bexley U....	601	8·8	9·42	1,266	16	1,282	18·6	42	67	2	69	54
Broadstairs and St. Peter's U. ...	175	13·2	10·96	121	2	123	9·3	6	4	—	4	33
Bromley B. ...	567	9·9	9·61	750	30	780	13·5	26	27	2	29	38
Chatham B. ...	529	12·0	11·76	645	43	688	15·6	28	29	6	35	51
Chislehurst and Sidcup U. ...	455	8·4	7·98	865	19	884	16·3	27	45	1	46	53
Crayford U. ...	179	8·0	9·60	376	6	382	17·1	11	12	—	12	32
Dartford B. ...	317	9·6	9·51	431	14	445	13·5	14	20	6	26	59
Deal B. ...	256	11·1	9·22	377	23	400	17·4	13	17	1	18	45
Dover B. ...	473	11·7	10·77	613	20	633	15·7	34	27	2	29	46
Erith U. ...	412	11·4	12·20	488	22	510	14·1	18	29	1	30	59
Faversham B. ...	164	13·4	10·46	146	5	151	12·3	9	6	—	6	40
Folkestone B. ...	563	12·3	10·95	594	26	620	13·6	12	19	—	19	31
Gillingham B. ...	680	10·5	10·92	898	34	932	14·4	31	33	2	35	38
Gravesend B. ...	440	11·2	11·19	589	28	617	15·7	26	21	2	23	38
Herne Bay U. ...	239	15·2	11·25	137	8	145	9·2	6	7	1	8	56
Hythe B. ...	128	14·7	11·91	96	6	102	11·8	3	7	—	7	69
Lydd B. ...	21	7·8	7·96	34	1	35	13·0	1	3	—	3	86
Maidstone B. ...	573	12·2	11·23	668	28	696	14·9	25	35	3	38	55
Margate B. ...	487	12·3	11·08	427	39	466	11·7	7	23	3	26	56
New Romney B. ...	22	11·9	10·71	21	—	21	11·3	2	1	—	1	48
Northfleet U. ...	175	9·9	10·10	329	6	335	20·0	14	10	—	10	30
Orpington U. ...	413	10·4	9·57	738	25	763	19·2	31	42	7	49	65
Penge U. ...	307	11·9	10·95	416	17	433	16·8	15	18	3	21	49
Queenborough B. ...	30	10·3	12·16	43	1	44	15·1	2	1	—	1	23
Ramsgate B. ...	463	13·4	11·39	464	31	495	14·4	13	29	1	30	61
Rochester C. ...	371	10·6	9·86	505	24	529	15·1	24	26	—	26	50
Sandwich B. ...	42	11·0	9·02	59	1	60	15·6	—	3	—	3	50
Sevenoaks U. ...	130	10·5	9·14	140	6	146	11·8	3	4	—	4	28
Sheerness U. ...	188	11·8	11·92	197	10	207	13·0	12	6	—	6	29
Sittingbourne and Milton U. ...	245	11·8	10·98	296	11	307	14·7	15	12	—	12	40
Southborough U....	112	14·7	10·74	94	4	98	12·9	2	5	—	5	52
Swanscombe U. ...	78	9·3	9·68	100	2	102	12·2	8	3	1	4	40
Tenterden B. ...	51	15·0	11·40	37	3	40	11·8	1	—	—	—	0
Tonbridge U. ...	188	10·7	9·63	201	8	209	11·9	3	6	—	6	29
Tunbridge Wells B. ...	530	15·9	11·61	402	25	427	12·8	15	22	—	22	52
Whitstable U. ...	197	12·9	9·29	159	6	165	10·8	9	5	—	5	31
TOTALS IN URBAN DISTRICTS ...	11,710	11·1	10·22	14,907	579	15,486	14·7	547	661	47	708	46

\* See note on "Comparable death-rate" on page 25.



TABLE 3—Showing Deaths, Births and Infantile Mortality in the different RURAL DISTRICTS of the County of Kent in the year 1936.

DISTRICT.	* DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death-rate per 1,000 of the population.	*Comparable death-rate	Legitimate.	Illegitimate.	Total.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	Total.	Deaths of Infants under one year of age, per 1,000 births
Ashford, East ...	101	11·2	8·63	129	9	138	15·2	3	3	—	3	22
Ashford, West ...	122	14·3	10·87	107	3	110	12·9	4	10	—	10	91
Bridge-Blean ...	210	13·4	10·72	239	14	253	16·2	14	10	4	14	56
Cranbrook ...	163	12·2	9·52	139	5	144	10·8	8	8	1	9	63
Dartford ...	350	11·0	11·33	440	14	454	14·3	14	28	1	29	64
Dover ...	97	10·6	9·23	110	8	118	12·9	4	7	1	8	68
Eastry ...	226	9·5	8·27	385	18	403	16·9	18	14	1	15	38
Elham ...	120	14·0	9·94	118	4	122	14·2	—	4	—	4	33
Hollingbourn ...	173	12·5	10·38	178	5	183	13·2	5	7	—	7	39
Maidstone ...	200	13·1	10·35	221	11	232	15·2	5	7	—	7	31
Malling ...	399	13·2	11·62	419	17	436	14·4	20	29	1	30	69
Romney Marsh ...	26	7·9	6·64	51	1	52	15·7	2	1	—	1	20
Sevenoaks ...	368	13·4	11·39	406	19	425	15·5	12	22	2	24	57
Sheppey ...	66	8·8	7·75	116	6	122	16·3	8	2	1	3	25
Strood ...	224	13·3	12·24	233	3	236	14·0	7	20	—	20	85
Swale ...	191	10·7	9·10	254	6	260	14·5	11	9	1	10	39
Tenterden ...	70	11·2	8·29	71	5	76	12·1	4	2	—	2	27
Tonbridge ...	212	11·2	9·08	275	9	284	15·1	9	7	2	9	32
TOTALS IN RURAL DISTRICTS ...	3,318	12·0	10·20	3,891	157	4,048	14·6	148	190	15	205	51
TOTALS IN URBAN DISTRICTS ...	11,710	11·1	10·22	14,907	579	15,486	14·7	547	661	47	708	46
TOTALS IN COUNTY	15,028	11·3	—	18,798	736	19,534	14·7	695	851	62	913	47

\* See note on "Comparable death-rate" on page 25.

INFANTILE MORTALITY (Rate of deaths among children under twelve months of age, per thousand births).—The records for the administrative county, and for England and Wales, with a comparison of the rates among legitimate and illegitimate infants, for ten years past, are as follows :—

Year ...	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Urban Districts ...	53	48	62	45	47	50	49	48	45	46
Rural Districts ...	51	44	57	46	48	49	49	50	40	51
Whole County ...	52	47	61	45	47	50	49	49	44	47
England and Wales ...	69	65	74	60	66	65	64	59	57	59
Legitimate (Kent) ...	50	45	59	44	45	48	47	46	42	46
Illegitimate (Kent) ...	104	84	105	69	111	85	93	91	81	85

The rates in the different sanitary districts will be found in Tables 2 and 3 : and Table 49 at the end of this report shows the causes of death in children under one year of age. From the latter it will be seen that the chief among such causes were congenital debility, premature birth, and malformations (489), pneumonia of all forms (160), diarrhoea, etc. (59), other digestive diseases (30), whooping-cough (29) and bronchitis (23).

In the urban districts the rates ranged between *nil* in *Tenterden Borough* and 86 in *Lydd Borough*.

In the rural districts the extremes were those of *Romney Marsh Rural* (20) and *West Ashford Rural* (91).

It is considered that the rate of 47 for the whole county is a very satisfactory one. Although slightly above the previous year's record low figure, it compares well with the recorded rates for England and Wales (59), the 122 great towns (63), the 143 smaller towns (55) and London (66).

**MATERNAL MORTALITY.**—The following tabulation shows the number of deaths of women in child-birth, in Kent since 1927. For comparative purposes, the average figures for the five years 1932-1936 and the twenty-nine years 1908-1936, are shown :—

Year.	Number of births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1927 ... ..	17,402	23	1.4	48	2.8	71	4.1
1928 ... ..	17,631	25	1.5	31	1.8	56	3.2
1929 ... ..	17,824	26	1.5	36	2.1	62	3.5
1930 ... ..	17,859	29	1.7	40	2.3	69	3.9
1931 ... ..	17,673	23	1.4	30	1.7	53	3.0
1932 ... ..	17,725	17	1.0	40	2.3	57	3.3
1933 ... ..	17,514	35	2.0	35	2.0	70	4.0
1934 ... ..	18,393	34	1.8	39	2.1	73	4.0
1935 ... ..	19,087	22	1.2	39	2.1	61	3.2
1936 ... ..	19,534	25	1.3	32	1.7	57	3.0
Average of five years 1932-36 ... ..	18,451	27	1.5	37	2.1	64	3.5
Average of twenty-nine years 1908-36 ...	19,669	23	1.2	46	2.4	70	3.6
England and Wales, 1936	—	—	1.40	—	2.41	—	3.81

**DEATHS.**—The net number of deaths registered in the county during 1936 was 15,028—an increase of 678 on the total for the previous year. Male deaths numbered 7,646, female deaths 7,382.

The allocation of deaths to individual areas results in crude death-rates of 11.1 for the combined urban districts, 12.0 for the combined rural districts, and 11.3 for the whole county—in each case, a slight advance on the rates of the previous year.

The following tabulation shows the rates recorded in Kent over a period of ten years, and the rates for England and Wales are added for comparative purposes :—

Year	...	...	...	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Urban Districts	...	...	...	12·2	11·6	12·9	11·0	11·8	11·6	11·7	11·1	11·0	11·1
Rural Districts	...	...	...	11·7	11·2	12·4	10·7	11·3	11·6	11·7	11·9	11·4	12·0
Whole County	...	...	...	12·1	11·5	12·8	10·9	11·7	11·6	11·7	11·3	11·1	11·3
England and Wales	...	...	...	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7	12·1

(It will be seen from Tables 2 and 3 that a “comparable death rate” in respect of each district, is also shown. The Registrar-General supplies a factor which, applied to the crude death-rate of the area, makes such death-rate comparable, from a mortality point of view, with other areas. The object is to allow for the variations in age and sex constitution of the populations).

Details of deaths in sanitary districts, and deaths in age-groups, are given in Tables 47, 48 and 49 at the end of this report.

In the towns, the highest rates were those of *Tunbridge Wells Borough* (15.9), *Herne Bay Urban* (15.2) and *Tenterden Borough* (15.0) ; and the lowest rates those of *Lydd Borough* (7.8), *Crayford Urban* (8.0), *Chislehurst* and *Sidcup Urban* (8.4) and *Bexley Urban* (8.8).

In the rural districts, the highest rates recorded were those of *West Ashford Rural* (14.3) and *Elham Rural* (14.0) ; and the lowest rates those of *Romney Marsh Rural* (7.9), *Sheppey Rural* (8.8) and *Eastry Rural* (9.5).

The principal causes of death will be seen from Tables 47 and 48, the highest totals appearing under the headings of heart disease (3,964) and cancer (2,219).

During the last few years I have given figures showing the percentage of deaths from violence in Kent, and have commented upon the influence of road deaths. The following tabulation brings the figures up to date.

Year.	Total Deaths.	Deaths from violence (excluding suicide).	Per-centage.	Year.	Total Deaths.	Deaths from violence (excluding suicide).	Per-centage.
1908	12,356	187	1·6	1923	11,318	328	2·9
1909	12,121	261	2·2	1924	12,046	325	2·7
1910	11,499	280	2·4	1925	12,426	379	3·1
1911	13,059	359	2·8	1926	12,068	397	3·3
1912	12,195	370	3·1	1927	13,331	426	3·2
1913	12,371	369	3·0	1928	12,899	461	3·6
1914	12,835	426	3·4	1929	14,565	488	3·4
1915	14,577	447	3·1	1930	12,548	477	3·9
1916	13,196	570	4·4	1931	13,530	444	3·3
1917	12,949	483	3·8	1932	14,082	476	3·4
1918	14,705	289	2·0	1933	14,600	521	3·6
1919	12,403	310	2·5	1934	14,381	557	3·9
1920	11,577	297	2·6	1935	14,350	524	3·7
1921	12,164	302	2·5	1936	15,028	582	3·9
1922	12,467	314	2·6	Average percentage			3·1



ZYMOTIC MORTALITY.—The following tabulation gives particulars relative to the prevalence of, and the mortality from, the seven chief zymotic diseases in Kent during 1936. The figures relate to the civil population only ; and the table shows (for purposes of comparison) the mortality recorded in the whole of England and Wales during 1936 :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1936 per 1,000 living persons.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox ... ..	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	0·00
Scarlet Fever ... ..	2,339	16	0·69	0·012	0·01
Diphtheria and Membranous Croup ...	768	39	5·08	0·030	0·07
Enteric, Typhus and Continued Fevers ...	62	8	12·91	0·006	0·01
Measles and Rubella...	Not notifiable	69	?	0·052	0·07
Whooping-cough ...	Not notifiable	50	?	0·038	0·05
*Diarrhœa, including Enteritis (under two years) ...	Not notifiable	60	?	3·072*	5·9*
Totals ... ..	—	242	—	0·182	—

\*The figures relating to diarrhœa have reference to children dying under two years of age, per thousand births.

#### NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases in each of the sanitary districts in Kent is shown in Tables 4 and 5.

The following is a summary of the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever, and the death rates per thousand of the civil population from these diseases, during the past ten years :—

Year.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936	
										Kent.	England and Wales.
Small-pox cases	2	13	40	106	6	38	3	0	0	0	
Death-rate ...	<i>nil.</i>	0·0009	0·006	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	—
Scarlet Fever Cases ...	2,659	3,337	3,255	2,965	2,188	2,239	3,273	4,158	2,670	2,339	
Death-rate ...	0·02	0·02	0·02	0·02	0·02	0·02	0·02	0·03	0·01	0·02	0·01
Diphtheria Cases ...	1,779	2,486	1,941	1,823	1,056	607	980	1,521	1,248	768	
Death-rate ...	0·10	0·15	0·13	0·07	0·05	0·03	0·04	0·06	0·05	0·03	0·07
Enteric Fever Cases ...	284	92	124	96	60	84	54	33	59	62	
Death-rate ...	0·02	0·02	0·02	0·004	0·007	0·06	0·01	0·005	0·004	0·006	0·01

**SMALL-POX.**—For the third year in succession there were no cases of small-pox in the county.

**SCARLET FEVER.**—There were 2,339 cases of scarlet fever notified in the county during the year, with an incidence rate of 1.76 per thousand, compared with figures of 2,670 and 2.05 in 1935, and 4,158 and 3.25 in 1934.

The deaths from the disease numbered sixteen, as compared with ten in 1935 and thirty-two in 1934.

**DIPHTHERIA.**—There were 768 notifications of diphtheria during the year, as compared with 1,248 in 1935 and 1,521 in 1934 : the incidence rate being 0.58, in comparison with 0.96 and 1.20 in the two preceding years.

Deaths numbered thirty-nine, as against fifty-five in 1935 and seventy in 1934.

Extracts from the district reports, on the subject of immunization against diphtheria, are appended :—

*Beckenham B.*—The immunization campaign against diphtheria has been carried on since 1928 ; and the position at the end of 1936 was that more than 3,500 children were “ protected.”

*Bexley U.*—The question of diphtheria-immunization was reconsidered, and a scheme will come into operation from February, 1937.

*Bromley B.*—An immunization-clinic is in operation, with weekly sessions. The Medical Officer of Health writes :—“ Immunization against diphtheria has not yet obtained popularity with the public, and although of proved value and receiving the support of the Ministry of Health, League of Nations, and all closely concerned with the public welfare, the propaganda of the “ Anti-Societies ” appears to be more readily accepted. The fact that thirteen per cent. of cases of diphtheria notified, died, should be sufficient for the public to encourage any approved action to lessen the severity and incidence of this disease.”

*Chatham B.*—A weekly clinic is held, and 395 cases were immunized during the year.

Dr. Holroyde reports that during the seven years during which immunization has been practised, only seven cases have occurred among children protected or partly protected—all of very mild type, and with no deaths.

*Chislehurst—Sidcup U.*—A regular weekly clinic for immunization against diphtheria, is held at the Council Offices.

*Crayford U.*—164 children were immunized during the year. 287 were Schick-tested after having been previously immunized, and negative results were obtained in 98.95 per cent.

*Dartford B.*—The facilities for immunization which were started during 1935, were continued, and increasing use is being made of them.

*Dover B.*—The diphtheria-immunization clinic was continued, and fifty-four children were immunized during the year.

*Gillingham B.*—Immunization clinics were established in 1935, and the facilities “ have proved so popular that it is difficult to keep pace with the number of applicants.” Over one thousand cases have been completed up to the end of 1936.

*Maidstone B.*—Schick-testing and immunization has been continued and 823 children were dealt with during the year.

*Orpington U.*—A weekly immunization-clinic is held at the Public Health Department.

*Rochester C.*—366 children were immunized during the year.

TABLE 4.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, the number of such Cases which were treated in Hospital, and the incidence per thousand of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1936.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Fevers.			Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Cases removed to Hospital.				Incidence per 1,000 of the population of notified cases.		
			Erysipelas.	Scarlet.	Enteric.												Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	2	4	20	1	1	—	—	—	—	—	—	16	5	1	—	35	2	17	1	0.09	0.90	0.05	
Beckenham B. ...	5	12	122	8	5	9	—	1	—	—	—	56	16	—	—	38	4	97	5	0.08	1.79	0.12	
Bexley U. ...	50	9	189	4	6	13	—	—	—	—	2	97	13	—	—	36	48	145	4	0.73	2.74	0.06	
Broadstairs and St. Peter's U. ...	25	5	42	—	—	—	—	—	—	—	—	17	4	—	—	11	25	38	—	1.88	3.15	0.00	
Bromley B. ...	23	27	141	2	1	5	—	1	—	—	2	70	15	—	—	47	21	108	1	0.40	2.44	0.04	
Chatham B. ...	25	21	40	—	2	1	1	—	—	—	4	33	10	—	—	20	23	31	—	0.57	0.91	0.00	
Chislehurst & Sidcup U.	29	15	162	3	7	—	—	—	—	—	—	51	14	—	—	21	27	138	—	0.54	2.99	0.00	
Crayford U. ...	22	6	43	2	2	—	—	—	—	1	1	21	3	1	—	12	19	22	—	0.99	1.92	0.00	
Dartford B. ...	20	4	53	1	1	—	1	—	—	—	3	33	9	—	—	30	20	34	—	0.61	1.61	0.04	
Deal B. ...	3	1	10	—	2	—	1	—	—	—	—	23	15	—	—	—	3	10	—	0.13	0.44	0.00	
Dover B. ...	7	10	48	2	—	1	1	—	—	—	7	47	8	—	—	29	7	40	2	0.18	1.19	0.05	
Erith U. ...	39	10	52	4	2	10	1	—	—	—	1	48	6	—	—	45	38	46	2	1.08	1.43	0.11	
Faversham B. ...	6	6	11	—	2	—	—	—	—	—	—	10	6	—	—	8	6	11	—	0.49	0.90	0.00	
Folkestone B. ...	50	18	68	8	2	2	1	1	—	2	2	37	16	1	—	29	50	65	7	1.10	1.49	0.18	
Gillingham B. ...	17	18	97	1	3	5	—	—	—	—	2	46	13	—	—	37	17	54	1	0.27	1.50	0.02	
Gravesend B. ...	2	8	32	—	1	—	—	—	—	2	5	33	8	—	—	18	2	19	—	0.06	0.82	0.00	
Herne Bay U. ...	19	5	55	3	—	1	—	—	—	—	—	15	5	—	—	24	19	54	—	1.21	3.49	0.00	
Hythe B. ...	1	2	7	—	4	—	—	—	—	—	—	9	4	—	—	5	1	5	4	0.12	0.81	0.46	
Lydd B. ...	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	2	—	8	—	0.00	2.97	0.00	
Maidstone B. ...	47	14	48	—	1	6	—	—	—	—	3	47	13	18	—	12	47	43	—	1.01	1.03	0.00	
Margate B. ...	22	19	97	7	4	5	—	—	—	—	1	71	27	—	—	10	22	89	7	0.56	2.44	0.18	
New Romney B. ...	—	—	13	—	—	—	—	—	—	—	—	2	2	—	—	1	—	13	—	0.00	6.99	0.00	
Northfleet U. ...	—	5	39	—	—	1	—	—	—	—	—	15	3	—	—	6	—	18	—	0.00	2.19	0.00	
Orpington U. ...	33	26	193	3	3	3	2	—	—	—	1	34	17	3	—	25	33	166	1	0.83	4.84	0.08	
Penge U. ...	18	12	29	—	—	1	—	—	—	—	—	20	4	—	—	8	18	25	—	0.70	1.13	0.00	
Queenborough B. ...	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	4	—	1	—	0.00	0.35	0.00	
Ramsgate B. ...	38	8	45	1	2	1	1	—	—	—	3	41	19	3	—	45	37	43	1	1.10	1.31	0.03	
Rochester C. ...	26	11	27	—	1	2	—	1	—	—	1	34	9	—	—	31	25	22	—	0.75	0.78	0.00	
Sandwich B. ...	—	1	3	—	1	—	—	—	—	—	—	3	—	—	—	1	—	3	—	0.00	0.78	0.00	
Sevenoaks U. ...	2	1	13	—	—	2	—	—	—	—	1	2	2	—	—	1	2	12	—	0.17	1.05	0.00	
Sheerness U. ...	1	6	8	—	—	—	—	—	—	—	2	10	4	—	—	23	1	8	—	0.07	0.51	0.00	
Sittingbourne & Milton U. ...	7	6	10	—	—	3	—	—	—	—	—	12	5	—	—	4	7	10	—	0.34	0.48	0.00	
Southborough U. ...	3	1	3	1	—	1	1	—	—	—	—	5	1	—	—	—	3	3	1	0.40	0.40	0.14	
Swanscombe U. ...	3	—	22	—	1	—	—	—	—	—	2	4	2	—	—	—	2	8	—	0.36	2.63	0.00	
Tenterden B. ...	1	—	1	—	1	—	—	—	—	—	—	1	1	—	—	—	1	1	—	0.30	0.30	0.00	
Tonbridge U. ...	2	6	70	1	3	3	—	1	—	—	—	10	2	—	—	30	2	68	—	0.12	3.98	0.06	
Tunbridge Wells B. ...	30	14	45	2	5	3	1	—	—	—	2	13	12	—	—	19	30	43	2	0.90	1.35	0.06	
Whitstable U. ...	—	3	16	—	1	—	—	—	—	—	—	13	12	—	—	23	—	9	—	0.00	1.05	0.00	
TOTALS IN URBAN DISTRICTS ...	578	314	1883	50	59	87	11	5	—	545	999	306	8	19	690	—	562	1527	39	0.55	1.78	0.05	



TABLE 5.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, the number of such Cases which were treated in Hospital, and the incidence per thousand of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1936.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Fevers.			Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Cases removed to Hospital.			Incidence per 1,000 of the population of notified cases.				
			Scarlet.	Enteric.	Puerperal.												Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.	
Ashford, East ...	...	4	1	5	2	—	—	1	—	—	—	4	2	—	—	7	—	4	5	—	0·44	0·55	0·00	
Ashford, West ...	...	7	1	14	1	1	—	—	—	—	1	6	1	—	—	16	—	6	13	1	0·82	1·64	0·12	
Bridge-Blean ...	...	5	—	17	—	—	—	—	—	—	—	10	4	—	—	10	—	5	14	—	0·32	1·09	0·00	
Cranbrook ...	...	9	4	48	—	1	—	—	—	—	—	11	3	—	—	15	—	9	32	—	0·67	3·57	0·00	
Dartford ...	...	44	7	104	2	1	1	—	—	—	—	30	6	—	—	10	—	44	80	2	1·39	3·27	0·07	
Dover ...	...	4	1	10	—	1	—	—	—	—	1	10	7	—	—	—	—	4	10	—	0·44	1·10	0·00	
Eastry ...	...	22	10	42	—	—	2	1	—	—	1	35	16	—	2	25	—	21	20	—	0·92	1·76	0·00	
Elham ...	...	2	—	11	—	1	—	—	—	—	—	8	2	—	—	15	—	2	10	—	0·24	1·28	0·00	
Hollingbourn ...	...	15	6	33	—	2	1	—	—	—	—	9	3	—	—	16	—	15	33	—	1·08	2·38	0·00	
Maidstone ...	...	9	4	12	1	—	—	—	—	—	—	16	2	—	—	4	—	9	12	—	0·59	0·79	0·07	
Malling ...	...	27	4	27	1	—	4	—	—	—	—	17	4	—	—	21	—	28	26	1	0·89	0·89	0·04	
Romney Marsh ...	...	1	—	7	1	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	0·31	2·12	0·31	
Sevenoaks ...	...	7	10	43	1	1	2	—	1	—	—	25	13	—	—	13	—	7	40	1	0·26	1·57	0·04	
Sheppey ...	...	1	—	9	1	—	1	—	—	—	2	—	1	—	—	2	—	—	8	1	0·14	1·20	0·14	
Strood ...	...	6	4	17	2	—	—	—	—	—	—	13	5	—	—	3	—	6	16	2	0·36	1·01	0·12	
Swale ...	...	10	5	23	—	—	2	—	—	—	—	15	7	—	—	11	—	10	23	—	0·56	1·28	0·00	
Tenterden ...	...	—	1	5	—	—	—	—	—	—	—	6	3	—	—	—	—	—	3	—	0·00	0·80	0·00	
Tonbridge ...	...	17	12	29	2	1	3	—	—	—	2	24	3	—	—	10	—	17	29	—	0·90	1·54	0·11	
TOTALS IN RURAL DISTRICTS ...	...	190	70	456	12	11	16	1	2	—	7	240	83	—	2	179	—	187	374	8	0·69	1·64	0·05	
TOTALS IN URBAN DISTRICTS ...	...	578	314	1883	50	59	87	11	5	—	5	45	999	306	8	19	690	—	562	1527	39	0·55	1·78	0·05
TOTALS IN COUNTY		768	384	2339	62	70	103	12	7	—	5	52	1239	389	8	21	869	—	749	1901	47	0·58	1·76	0·05
DEATHS, 1936—																								
Urban ...	...	31	?	12	6	19	?	11	2	—	8	?	559	104	?	?	601	—	—	—	—	—	—	
Rural ...	...	8	?	4	2	6	?	3	—	—	2	?	133	28	?	?	150	—	—	—	—	—	—	
County ...	...	39	?	16	8	25	?	14	2	—	10	?	692	132	?	?	751	—	—	—	—	—	—	

*Swanscombe U.*—Thirty-nine children were immunized during the year, and eleven were Schick-tested.

*Tunbridge Wells B.*—The staff of the isolation hospital was immunized, and in all fresh appointments Schick-testing and immunization is carried out. Permission has been given to extend the work to young children at the Welfare Centres—"immunization is best carried out at the age of one to two years, as it thus forestalls the age at which diphtheria is most severe in those who are not immune to attack."

*Dartford R.*—430 children were immunized during the year, and/or Schick-tested.

With regard to "return" cases of diphtheria, only seven such cases were recorded during the year.

ENTERIC FEVER.—Sixty-two cases of enteric fever were notified, as compared with fifty-nine in 1935. The distribution of the cases will be seen in Tables 4 and 5. There were eight deaths.

DYSENTERY.—There was a sharp increase in the number of cases of this disease—twenty-one notifications, as compared with two in 1935 and six in 1934: but it will be seen from Tables 4 and 5 that only three areas were affected, and that no less than eighteen of the twenty-one cases, occurred among the inmates of the County Mental Hospital at Barming.

MALARIA.—Only eight cases of this disease occurred, and thus the low incidence of several years past has been continued. The distribution of the cases will be seen from Tables 4 and 5.

CEREBRO-SPINAL FEVER.—There is little variation in the number of cases of this disease, from year to year. Notifications in 1936 totalled twelve, in 1935 thirteen, in 1934 fourteen, and in 1933 sixteen.

POLIOMYELITIS.—There has been a fairly steady fall in the number of cases of this disease notified during the past few years. The figures for the last five years are as follows:—1932, 27; 1933, 25; 1934, 30; 1935, 16; and 1936, 7. These seven cases occurred in different areas of the county.

CHICKEN-POX.—The following notes show the districts in which this disease is notifiable, and the number of cases notified in each of such districts:—*Broadstairs U.*, 58; *Herne Bay U.*, 1; *Dartford B.*, 53; and *Sevenoaks R.*, none.

Of the 58 cases in *Broadstairs*, 47 occurred in five convalescent homes in the area.

MEASLES.—This disease also was notifiable in certain districts, which are set out here with the number of cases recorded in each:—*Chislehurst and Sidcup U.*, 745; *Folkestone B.*, 941 measles and seven rubella; *Orpington U.*, 83; *Sevenoaks U.*, 236; *Whitstable U.*, 212; and *Sevenoaks R.*, 310.

SUMMER DIARRHŒA.—This disease is notifiable in *Beckenham Urban* from July 15th to October 15th of each year. No cases were notified during 1936.

PUERPERAL FEVER, PUERPERAL PYREXIA, and OPTHALMIA NEONATORUM.—Information with regard to these diseases will be found on pages 73 and 74.

WHOOPIING-COUGH.—This disease is notifiable in *Whitstable Urban*, and twenty-eight cases were notified during 1936.

## NON-NOTIFIABLE DISEASES.

Mortality rate per thousand of the civil population from measles, whooping cough and diarrhœa during the past ten years :—

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	
												Kent	England and Wales
Measles ...	0·04	0·09	0·002	0·07	0·05	0·04	0·05	0·08	0·005	0·038	0·010	0·052	0·07
Whooping Cough ...	0·14	0·06	0·09	0·03	0·13	0·03	0·03	0·06	0·046	0·035	0·014	0·038	0·05
Diarrhœa ...	3·94 0·07	5·97 0·10	4·77 0·08	4·37 0·07	6·85 0·11	3·53 0·06	2·89 0·05	4·97 0·08	4·111 0·058	4·935 0·071	4·244 0·063	3·072 0·045	5·9 0·122

The death-rates from diarrhœa relate to children dying under two years of age per 1,000 births (upper figure), and to total deaths per 1,000 of the population (lower figure).

MEASLES.—This disease was notifiable in certain areas of the county during 1936. Information as to those districts, the period during which notification was in force, and the numbers of cases notified in each area, will be found on page 30.

The deaths from measles, in the whole of Kent, totalled sixty-nine. There is, of course, considerable fluctuation in this figure, from year to year ; as will be seen from a comparison of the deaths during each of the past six years, which are as follows :—1931, 51 ; 1932, 90 ; 1933, 6 ; 1934, 43 ; 1935, 12 ; and 1936, 69.

All teachers in the area of the Kent Education Committee are supplied with forms on which to notify to the local medical officers of health and to the County Medical Officer, any definite or suspected cases of measles among their scholars. These notifications are forwarded by the County Health Department to the county health visitors, who visit the homes of the children where possible.

Certificates are issued by the County Medical Officer when the weekly average attendance at any school in the Kent Education Committee's area falls below 60% in consequence of infectious disease. During 1936, seventy-nine of the one hundred and fifty-six certificates issued were the result of measles prevalence among the scholars, while in twenty-four other cases either measles or rubella was associated with other illness as the cause of low attendance. The disease was by far the most important influence on attendance during the year.

The prevalence of the disease, particularly in the spring and early summer, is referred to by several of the medical officers of health.



WHOOPING-COUGH.—There was a sharp increase in the prevalence of this disease. Eighteen of the certificates mentioned above were the result of its influence on school populations, and in fourteen other cases it was a contributory factor.

The deaths rose to fifty, as compared with the markedly low figure of eighteen in the preceding year.

DIARRHŒA.—The deaths from this disease totalled sixty, as compared with eighty-one in 1935. Forty-seven of such deaths were in urban districts, thirteen in rural areas : and the death-rates were 3.072 per thousand births, and 0.045 per thousand of the population—both considerable reductions on the figures for the previous year.

As mentioned on page 30 this disease is notifiable in *Beckenham Borough* during the summer months (July 15th - October 15th) of each year : but no cases were notified in 1936.

CHICKEN-POX.—This disease also is notifiable in certain districts, set out on page 30.

INFLUENZA.—There has been little variation in the numbers of deaths from influenza during the past few years—164 in 1934, 180 in 1935, 178 in 1936. The death-rates in those years have been 0.121, 0.139 and 0.134 respectively.

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
URBAN.										
No. of Deaths ...	1,204	1,244	1,255	1,322	1,324	1,385	1,470	1,520	1,715	1,732
Death-rate ...	1.51	1.54	1.52	1.58	1.57	1.59	1.65	1.57	1.68	1.64
RURAL.										
No. of Deaths ...	474	521	511	477	503	530	579	498	449	487
Death-rate ...	1.43	1.54	1.51	1.42	1.49	1.53	1.63	1.61	1.61	1.75
TOTAL.										
No. of Deaths ...	1,678	1,765	1,766	1,799	1,827	1,915	2,049	2,018	2,164	2,219
Death-rate ...	1.49	1.54	1.52	1.53	1.55	1.58	1.64	1.58	1.67	1.67
England and Wales.										
Death-rate ...	1.38	1.43	1.44	1.46	1.49	1.51	1.53	1.56	1.59	1.63

Table 6 on the next page sets out the average annual death-rates from cancer in each sanitary district in the county arranged in diminishing sequence. The age and sex distribution of the deaths, during the past ten years, is as follows :—

		All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 up- wards.
1927.	(M. ... F. ...	821 857	— —	— —	— 2	— 2	7 4	42 68	327 350	445 431
1928.	(M. ... F. ...	813 952	1 —	2 —	2 —	1 —	5 2	40 90	337 386	425 474
1929.	(M. ... F. ...	782 984	— 1	— —	4 1	5 2	3 4	42 89	295 379	433 508
1930.	(M. ... F. ...	853 946	— 1	— —	— 2	2 1	— 5	30 69	332 371	489 497
1931.	(M. ... F. ...	819 1,008	— 1	— —	— 1	3 1	2 3	33 76	308 415	473 511
1932.	(M. ... F. ...	938 977	— —	— 1	— 1	2 —	5 4	40 76	394 409	497 486
1933.	(M. ... F. ...	914 1,135	— 1	— —	2 1	4 3	4 4	43 73	322 443	539 610
1934.	(M. ... F. ...	922 1,096	— —	— —	2 1	2 5	4 1	40 81	358 437	516 571
1935.	(M. ... F. ...	1,038 1,126	2 —	1 —	1 1	— 3	4 3	42 84	419 429	569 606
1936.	(M. ... F. ...	1,023 1,196	— 1	— 1	1 —	3 —	6 1	51 67	390 465	572 661

The death-rate remains at the same high level as in the previous year—a record figure for the county ; but it is interesting to note that this time it is the rural rate which shows a marked increase, the urban rate registering a slight fall.

There are very few references, in the district reports and summaries, to any special enquiries or action, to any undue prevalence of the disease, to improvements in local facilities for information, diagnosis, or treatment, or to the use made of National Radium Centres. In *Faversham Borough*, it is mentioned, lectures have been given : and in *Gravesend Borough* there is an arrangement by which the Registrar gives information of deaths from cancer, in order that disinfection of clothing and effects can be carried out by the Health Department.

TABLE 6—CANCER DEATH RATES in each Sanitary District in the County of Kent, arranged in diminishing sequence.

District.	Average yearly death-rate of 29 years 1908-1936	Death-rate 1908	Death-rate 1935	Death-rate 1936
Tunbridge Wells B. ...	1.93	1.35	2.63	2.76
Whitstable U. ...	1.86	1.02	2.25	2.10
Ramsgate B. ...	1.68	1.25	1.94	1.85
Broadstairs U. ...	1.67	1.86	2.27	2.85
Southborough U. ...	1.66	1.67	1.31	2.10
Herne Bay U. ...	1.66	1.02	1.86	2.03
Margate B. ...	1.56	1.09	1.98	2.29
Ashford U. ...	1.56	0.76	2.03	1.89
Deal B. <sup>1</sup> ...	1.55	0.73	1.90	1.74
Sevenoaks U. ...	1.52	1.07	2.05	1.37
Hythe B. ...	1.48	1.44	2.19	2.88
Tenterden B. ...	1.47	<i>nil.</i>	1.78	2.64
Faversham B. ...	1.45	1.08	2.11	2.28
Folkestone B. <sup>2</sup> ...	1.43	0.79	1.66	2.01
Penge U. ...	1.42	0.92	1.97	1.44
Swanscombe U. <sup>3</sup> ...	1.39	—	1.91	1.20
Maidstone B. ...	1.38	0.95	1.42	1.67
Bromley B. ...	1.38	0.99	1.54	1.53
Gravesend B. ...	1.37	0.90	1.68	1.71
Beckenham B. ...	1.37	0.94	1.41	1.57
Dover B. ...	1.36	0.93	1.86	2.10
New Romney B. ...	1.34	1.51	3.26	1.62
Sandwich B. ...	1.32	0.32	1.82	1.04
Rochester C. ...	1.30	0.77	1.75	1.40
Tonbridge U. ...	1.27	0.74	1.78	1.31
Chislehurst and Sidcup U. <sup>4</sup> ...	1.27	0.91	1.20	1.28
Chatham B. ...	1.20	0.84	1.82	1.49
Sittingbourne and Milton U. ...	1.18	0.65	1.31	1.53
Sheerness U. ...	1.16	0.69	1.81	1.70
Northfleet U. ...	1.14	0.50	1.70	1.18
Bexley U. ...	1.13	0.77	1.21	0.99
Gillingham B. ...	1.12	0.62	1.89	1.35
Erith U. ...	1.09	0.52	1.60	1.38
Crayford U. <sup>5</sup> ...	1.09	—	1.00	1.12
Lydd B. ...	1.08	0.36	2.59	1.12
Dartford B. ...	1.03	0.62	1.51	1.37
Queenborough B. ...	0.95	1.00	1.34	3.08
Orpington U. <sup>6</sup> ...	—	—	1.07	1.53
ALL URBAN DISTRICTS ...	1.36	0.89	1.68	1.64
Elham ...	1.60	1.31	1.40	2.10
Ashford, West ...	1.60	1.22	2.35	1.75
Cranbrook ...	1.53	1.30	1.18	1.72
Hollingbourn ...	1.50	0.24	2.37	1.87
Ashford, East ...	1.48	1.12	1.88	1.54
Bridge-Blean <sup>7</sup> ...	1.40	0.57	1.69	2.55
Tonbridge ...	1.40	1.29	2.05	1.96
Maidstone ...	1.39	0.79	1.70	2.49
Sevenoaks ...	1.38	1.13	1.56	2.19
Malling <sup>8</sup> ...	1.35	0.78	1.59	1.45
Tenterden ...	1.35	1.03	1.42	1.27
Dover ...	1.29	0.49	1.73	1.75
Swale <sup>9</sup> ...	1.24	1.07	1.35	1.45
Eastry ...	1.22	0.90	1.51	1.30
Strood <sup>10</sup> ...	1.17	0.92	1.12	2.07
Romney Marsh ...	1.11	0.79	1.24	0.61
Sheppey ...	1.01	1.22	1.49	1.73
Dartford ...	1.01	0.61	1.55	1.29
ALL RURAL DISTRICTS ...	1.30	0.94	1.61	1.75
ALL URBAN DISTRICTS ...	1.36	0.89	1.68	1.64
WHOLE COUNTY ...	1.34	0.90	1.67	1.67

1 *Deal B.* The figures are for the area as now constituted—i.e., including the former Walmer Urban.

2 *Folkestone B.* The figures are for the area as now constituted—i.e., including the former Cheriton Urban and Sandgate Urban areas.

3 *Swanscombe U.* The average figure is for eleven years only—from the formation of the area in 1926.

4 *Chislehurst and Sidcup U.* The figures are for the area as now constituted—combining the originally separate districts.

5 *Crayford U.* The average figure is for seventeen years only—from the formation of the area in 1920.

6 *Orpington U.* Area constituted in April, 1934.

7 *Bridge-Blean R.* The figures are for the area as now constituted—combining the originally separate districts.

8 *Malling R.* The figures are for the area as now constituted—i.e., including the former Wrotham Urban area.

9 *Swale R.* The figures are for the area as now constituted—combining the originally separate districts of Faversham Rural and Milton Rural.

10 *Strood R.* The figures are for the area as now constituted—combining the originally separate districts of Strood Rural and Hoo Rural.



The following paragraphs show in brief form the position in Kent as regards treatment of the disease.

No specialised forms of treatment are provided by the County Council in its Public Assistance Hospitals or Institutions ; but surgical treatment is undertaken at four of these hospitals (Chatham, Dartford, Farnborough and Pembury), and superficial X-ray treatment is available at two of them (Dartford and Pembury).

In the voluntary hospitals in the county, the following summary shows the specialised treatment which is available :—Deep X-ray and radium—Kent and Sussex Hospital, Tunbridge Wells ; St. Bartholomew's Hospital, Rochester ; Royal Victoria Hospital, Folkestone ; and Victoria War Memorial Hospital, Deal. Deep X-ray—Kent and Canterbury Hospital, Canterbury (radium is to be provided) and the General Hospital, Margate. Radium—West Kent General Hospital, Maidstone (deep X-ray is to be provided).

At four of these hospitals (those at Canterbury, Maidstone, Rochester and Tunbridge Wells) special cancer units have been, or are being, established under a scheme inaugurated by the Kent County Cancer Appeal Fund. Diagnosis Clinics, under the charge of specialist medical officers, will be held weekly, for men and women from any part of the county : and treatment is carried out at the nearest clinic, under the general direction of the patient's own medical adviser. Where no bed is immediately available, opportunity is given for the treatment to take place at the Mount Vernon Hospital, or at the Radium Institute.

The Kent Council of the British Empire Cancer Campaign has granted financial assistance to nearly all of the voluntary hospitals mentioned above : has organised a ' transport scheme ' to ensure that lack of means does not preclude the attendance of any patient : and is working in conjunction with the Central Propaganda Committee in preparing for the whole county a scheme of lectures to lay organisations.

The voluntary hospitals in London are also available, for the diagnosis and treatment of patients from Kent ; and although no figures are available, it is probable that they are used to a relatively large extent.

An arrangement exists whereby cancer patients in the County Hospital at Pembury, are transferred to the Kent and Sussex Hospital at Tunbridge Wells, for specialised treatment : and to some extent this scheme is being augmented by the transfer of cancer cases from other County Council hospitals, etc., to Pembury, so that advantage may be taken of such arrangement. Similarly, for cancer patients in the County Hospitals, there is a special arrangement for their transfer to the Mount Vernon Hospital. Indeed, considerable attention has been directed to ensuring the early treatment of cancer patients for whom the Public Assistance Committee is responsible : and although no special arrangements exist other than those mentioned above, in practice no difficulty has been experienced in securing specialised treatment in the voluntary hospitals in Kent or in London.

HOME NURSING.—Arrangements for the home-nursing of certain specified illnesses, in various districts of the county, have been referred to in the reports for the past few years.

Dr. Murray, medical officer of health of *Rochester City*, points out that although home-nursing is provided for necessitous cases (by the local Watts Charity), there is also a need for domiciliary nursing in the better class homes.

Dr. Bramley, of *Bexley Urban* writes :—" Such diseases as whooping-cough and measles, which in many cases are more serious, are more in need of isolation and hospital treatment than the average case of present-day scarlet fever."

Dr. Tapper, of *Bromley Borough*, points out that " little attention is given officially to the diseases such as measles and whooping-cough, which cause such high mortality and morbidity among children " ; and he advocates the employment, during epidemic periods, of an infectious diseases nurse, " who would be responsible for giving advice to parents on the necessary care to be exercised in the home nursing of such cases."

#### NURSING ASSOCIATIONS.

In my Annual Report for 1930 was included a list of all the districts in the county which are served by nursing associations, or by committees undertaking general district nursing : and any changes have been noted in succeeding reports.

I have no information of any changes occurring during 1936.

## THE INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—The district medical officers of health continue to exercise close supervision over dairies, cowsheds and milkshops, and pay much attention to all matters connected with the subject of milk supplies. The Tables 45 and 46 at the end of this report show the numbers of visits, the defects found, and the prosecutions undertaken in this connexion.

The County Veterinary Officer and his staff make periodical examinations of all milch herds in the County with a view to the ascertainment of cows giving tuberculous milk.

Apart from this procedure, investigations into particular supplies, and the consequent sampling and examinations of herds and individual animals, have their origin in one of several causes, to which a brief reference may be made.

For some years past, the County Health Department has had arrangements with certain medical officers of health of county districts, whereby samples of mixed milk from the farms in those areas are submitted to the county laboratories for examination for the presence of tubercle bacilli. In view of the activities of the County Veterinary Officer, this arrangement now only applies in special circumstances and not as a routine measure.

In any case where a medical officer of health condemns a tuberculous carcass, milk samples are obtained from the farm involved, and examined to ascertain whether they are tubercle-infected.

A sample, or a series of samples, may be taken from the milk supplied to an institution, and "followed up" to a source if such a step appears to be indicated by the findings of the bacteriological examination.

The discovery in another county, or county borough, of a tubercle-infected milk which appears to have originated from Kent, is reported to me by the public health officials of the area concerned; and again the farm or farms involved in the original sample are visited and the herd subjected to examination and sampling.

Each separate supply of milk to the schools participating in the School Milk Scheme of the Kent Education Committee is examined at least once in each term.

In all enquiries or investigations made as a consequence of any of the above examinations, the work is carried out in close collaboration with the County Veterinary Officer, whose co-operation and assistance I desire to acknowledge. 44 separate cases were referred to him during the year, and as a result he visited 65 farms.

During 1936, as a result of one or other of the reasons indicated above, 200 laboratory investigations were made, which involved the examination of 85 "group" samples and 115 "individual" samples. Of the "groups," 10 were positive, 75 negative; and of the "individuals," 22 were positive and 93 negative. In addition, 15 sputum specimens were taken from suspected animals, 10 of which were positive and 5 negative.

The positive results involved 23 separate farms.

In all, 551 cows were slaughtered during the year, under the Tuberculosis Order, as a result of the activities of the County Veterinary Officer, including 46 cases reported by owners.

The number of licences granted by the County Council during 1936, under the Milk (Special Designations) Orders, 1923 and 1936, comprised 388 to producers for wholesale supply (including twenty-eight to cover retail supply also) of accredited milk; and eleven to wholesale producers (including four to cover retail supply also) of tuberculin tested milk. (During the first part of the year these licences for tuberculin tested milk were issued by the Ministry of Health.) No licences were refused or revoked. In connection with these licences 1190 bacteriological examinations of samples were undertaken, of which 1052 conformed to standard.

The following references are taken from the reports and summaries of the local medical officers of health, with regard to the matter of milk supplies generally :—

*Deal B.*—The majority of the milk consumed in the town is efficiently pasteurised.

*Herne Bay U.*—Four insanitary cowsheds were closed; two new sheds have been erected, one has been improved, and one is being reconstructed.



*Margate B.*—Two unsatisfactory cowsheds demolished, and replaced by modern cowsheds; four new dairies erected, and fitted with steam boilers and sterilising-apparatus. An entirely new plant installed in one pasteurising establishment.

*Rochester C.*—The number of cowsheds is now reduced to five, and three of these produce graded milks. More than half of the milk sold in the city is pasteurised.

*Sevenoaks U.*—A modern pasteurising-plant is in daily use at one of the large dairies. Supply on the whole is very satisfactory.

*Malling R.*—Five sheds were reconstructed, to comply with the requirements of the Milk and Dairies Order.

*Sevenoaks R.*—"A general all-round improvement in the conditions under which milk is produced. The interest taken by farmers in the accredited milk scheme has resulted in much improvement to sheds and dairies, and the general cleanliness of all concerned."

(b) MILK AND CREAM REGULATIONS.—Among the formal samples examined by the County Analyst during the year (a summary of the work done will be found on page 38 of this report) were 2,058 of new milk, and 33 of cream.

(c) MEAT SUPPLY.—Figures showing the number of inspections of slaughter-houses in each district, will be found in Tables 44 and 45 at the end of this report; and it will be realized that a great deal of time and care is exercised in supervision of this article of food. In addition to the examination of several thousands of carcasses, the actual structure and condition of the slaughter-houses is continually under observation.

The following extracts are taken from the district reports and summaries :—

*Deal B.*—It has been pleasing to note an improvement in the quality of the meat retailed. No third-grade animals were slaughtered at all.

*Maidstone B.*—The medical officer of health again urges "that one of Maidstone's pressing needs is for a public abattoir, where all meat killed in the borough for human consumption, could be inspected."

*Orpington U.*—Special attention was given to meat inspection, and nearly three tons of meat was condemned and destroyed.

*Malling R.*—The attention of one slaughterer was drawn to the provisions of the Regulations, regarding dogs in slaughter-houses.

(d) OTHER FOODS.—The following notes on various articles of foods other than those referred to in the preceding paragraphs, are taken from the district reports and summaries :—

*Broadstairs U.*—Sixteen samples of ice-cream were submitted for bacteriological examination, and the Sanitary Inspector writes :—"No standard of purity or content has been laid down either by the Ministry of Health or any other responsible organisation, and it does appear necessary that this should be done. Having interviewed the Chief Chemist of one of the largest ice-cream manufacturers in the country, I have come to the conclusion that the standard of bacteriological purity should, for the present, be based on a bacterial count of not more than 200,000 bacteria per cubic centimetre. Four samples out of the sixteen were unsatisfactory, judged on this standard. These results were sent to all the persons from whom samples were obtained, and to the manufacturers where the ice-cream was not produced by the retailer. It must not be assumed that because a sample is stated to be unsatisfactory, it is not a perfectly wholesome and satisfactory article of food; the standard suggested is one to be aimed at, but is not always possible to achieve under working conditions. The figures arrived at by bacteriological examination do enable co-operation between manufacturer, retailer and local authority in producing cleaner food."

*Herne Bay U.*—Of six samples of ice-cream submitted to bacteriological examination, three showed an excessive bacterial content. They were regarded as 'very unsatisfactory,' and the methods of manufacture were investigated.

(e) SALE OF FOOD AND DRUGS ACTS.—I am indebted to the County Analyst for the information in Table 7, which includes the figures given under the heading of "Milk and Cream Regulations," above; and I wish to acknowledge here the willing assistance and helpful co-operation which are at all times forthcoming from the County Analyst and his staff.



TABLE 7.

Showing Examinations by the County Analyst, under the Food and Drugs Acts, during 1936.

Article.	Submitted by County Inspectors					Submitted by Local Sanitary Authorities			Submitted by Private Purchasers	
	Number examined	Adul-terated	Genuine	Inferior	Percentage Adul-terated	Number examined	Adul-terated	Genuine	Number examined	Adul-terated
Ammoniated tincture of quinine ...	20	—	20	—	—	—	—	—	—	—
Arrowroot... ..	6	—	6	—	—	—	—	—	—	—
Baking-powder ...	23	—	23	—	—	—	—	—	—	—
Boracic acid ointment ...	12	—	12	1	—	—	—	—	—	—
Brandy ... ..	26	1	25	—	3.8	—	—	—	6	—
Brawn ... ..	2	—	2	—	—	—	—	—	—	—
Butter ... ..	294	—	294	3	—	7	—	7	—	—
Camphorated oil ...	19	—	19	—	—	—	—	—	—	—
Castor oil ... ..	18	1	17	—	5.6	—	—	—	—	—
Cheese ... ..	8	—	8	—	—	—	—	—	—	—
Cinnamon, ground ...	12	—	12	—	—	—	—	—	—	—
Citric acid... ..	2	—	2	—	—	—	—	—	—	—
Cocoa ... ..	47	—	47	—	—	1	—	1	1	—
Cod Liver Oil ... ..	18	—	18	—	—	—	—	—	—	—
Coffee ... ..	67	1	66	—	1.5	2	—	2	—	—
Coffee and chicory ...	3	—	3	—	—	—	—	—	—	—
Cornflour ... ..	12	—	12	—	—	—	—	—	—	—
Cream ... ..	33	—	33	—	—	—	—	—	3	—
Custard powder ... ..	4	—	4	—	—	—	—	—	—	—
Flour ... ..	25	—	25	—	—	—	—	—	5	—
Flour, self-raising ...	14	—	14	—	—	1	—	1	—	—
Fruit, dried ... ..	33	—	33	—	—	4	—	4	—	—
Gin ... ..	28	—	28	—	—	—	—	—	—	—
Ginger, ground ... ..	11	—	11	—	—	2	—	2	—	—
Iodine, tincture of ...	16	—	16	—	—	—	—	—	—	—
Jam ... ..	9	—	9	—	—	—	—	—	—	—
Lard ... ..	85	—	85	—	—	3	—	3	—	—
Linseed, crushed ... ..	8	1	7	—	12.5	—	—	—	—	—
Margarine ... ..	173	1	172	—	0.6	1	—	1	—	—
Mercury ointment ...	4	—	4	—	—	—	—	—	—	—
Milk—condensed ... ..	4	—	4	—	—	—	—	—	—	—
„ new ... ..	2058	58	2000	28	2.8	7	—	7	414	23
„ separated ... ..	2	—	2	—	—	1	—	1	—	—
Mincemeat ... ..	1	—	1	—	—	—	—	—	—	—
Mustard ... ..	22	—	22	—	—	1	—	1	—	—
Nitrous ether, spirits of ...	5	—	5	—	—	—	—	—	—	—
Oatmeal ... ..	13	—	13	—	—	—	—	—	—	—
Olive oil ... ..	17	—	17	—	—	—	—	—	—	—
Pearl barley ... ..	3	—	3	—	—	—	—	—	—	—
Peas, preserved ... ..	14	—	14	—	—	—	—	—	—	—
Pepper ... ..	20	—	20	—	—	3	—	3	—	—
Pickles ... ..	5	—	5	—	—	2	—	2	—	—
Rice ... ..	26	—	26	—	—	—	—	—	—	—
Rice, ground ... ..	9	—	9	—	—	3	—	3	—	—
Rum ... ..	19	1	18	—	5.3	—	—	—	—	—
Sago ... ..	6	—	6	—	—	1	—	1	—	—
Sausages ... ..	27	—	27	—	—	—	—	—	10	—
Sponge mixture ... ..	4	—	4	—	—	—	—	—	—	—
Suet, shredded ... ..	18	—	18	—	—	—	—	—	—	—
Sugar ... ..	74	—	74	—	—	4	—	4	1	—
Tapioca ... ..	16	—	16	—	—	—	—	—	—	—
Tartar, cream of ... ..	6	—	6	—	—	—	—	—	—	—
Tea ... ..	13	—	13	—	—	—	—	—	1	—
Vinegar ... ..	9	—	9	—	—	—	—	—	1	—
Whisky ... ..	51	2	49	—	3.9	—	—	—	1	—
Various ... ..	50	—	50	2	—	9	—	9	31	—
Totals ... ..	3524*	66	3458	34	1.87	52	—	52	474	23

\*In addition to these examinations, 183 informal samples were examined, of which 177 were genuine.

## HOUSING.

Although it is no longer a requirement of the Ministry of Health that detailed statistics relating to housing should be included in the annual report of a county, the matter remains one of considerable interest from a public health point of view ; and therefore, for purposes of comparison, certain figures for the past five years are set out here :—

			1932.	1933.	1934.	1935.	1936.
Houses Inspected :							
Urban	...	...	16,772	21,663	24,378	21,319	23,421
Rural	...	...	6,361	7,190	15,073	4,156	7,089
Houses found unfit for human habitation :							
Urban	...	...	291	824	749	671	710
Rural	...	...	130	456	280	152	252
Houses demolished :							
Urban	...	...	267	178	177	179	193
Rural	...	...	16	57	99	60	98
Houses where remedy of defects was effected :							
Urban	...	...	9,642	10,556	8,823	10,466	10,855
Rural	...	...	2,911	2,681	1,472	1,748	1,514
New houses erected :							
Urban	...	...	7,077	10,424	13,455	12,485	13,267
Rural	...	...	3,228	4,457	2,991	2,335	2,295
Approximate shortage :							
Urban	...	...	3,346+	3,640+	2,792+	1,904+	2,245+
Rural	...	...	883+	1,000+	862+	1,105+	804+

There was a considerable increase in the number of houses inspected ; and the numbers found to be unfit for human habitation, and the numbers demolished, bear added testimony to the activities of the local sanitary officials during the year. The number of houses where defects were remedied, shows (for the county as a whole) a slight increase, but this was entirely due to the amount of work in the urban areas.

New houses erected show an increase ; and although the approximate total shortage has increased, it is only to a very small degree, and is confined to the towns. Of this estimated shortage of at least 3,049 houses, it may be mentioned that about 968 are required to replace existing unsatisfactory properties, and about 2,081 to provide additional accommodation.

The following figures, compiled from the district reports, are of interest. more than 72,000 inspections were made in connection with housing. In addition to the 962 houses which were definitely ' unfit for human habitation,' a further 12,793 houses were found to be ' not in all respects reasonably fit for human habitation.' The condition of nearly 2,000 houses was such that notices were served, requiring repair and the remedy of defects.

There are now nearly 22,000 houses in Kent, owned by local district councils.

Certain of the above figures are shown in their allocation to individual rural districts, in the following tabulation :—

District.	New Houses built during 1936.		Houses required for the accommodation of the working classes.		District.	New Houses built during 1936.		Houses required for the accommodation of the working classes.	
	By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation.		By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation.
Ashford, East ...	—	51	10	10	Romney Marsh	—	73	10	26
Ashford, West ...	—	34	52	10	Sevenoaks ...	136	183	30	80
Bridge-Blean ...	14	109	20	40	Sheppey ...	—	199	—	—
Cranbrook ...	—	30	—	50	Strood ...	—	118	24	—
Dartford ...	66	270	3	104	Swale ...	4	82	100	40
Dover ...	8	100	—	—	Tenterden ...	—	22	—	—
Eastry ...	20	75	—	—	Tonbridge ...	20	190	28	28
Elham ...	8	40	?	?					
Hollingbourn ...	—	74	16	103	Totals in Rural Districts ...	304	1991	326+	478+
Maidstone ...	6	121	25	25					
Malling ...	22	220	46	?			2,295		804+

The following comments upon matters of housing in general, are taken from the reports and summaries of the district medical officers of health :—

*Ashford U.*—There are twenty overcrowded houses : but the Council has a scheme in hand for the erection of fourteen large houses.

*Bromley B.*—“ There is another difficulty, which the Overcrowding Regulations will rather tend to aggravate than to improve, and that is where the ‘ Permitted Number ’ exceeds the ‘ Equivalent Number ’ by considerable units. This will encourage the tenant to sub-let up to the ‘ Permitted Number,’ and this in fact has already occurred, thus increasing the number of sub-tenants.”

*Chatham B.*—“ There are many facets to the housing problem, such as the cumulative effects arising from a section of the population being born and reared amongst unhealthy and debasing surroundings, and always an anxiety to the Health Department. Slum property is never free from nuisance, and whilst many of the dwellers inhabiting dilapidated, insanitary dwellings do their best in spite of the bad conditions, others are helpless and inert, and seem to prefer dirt to cleanliness, and stuffiness to fresh air. There is the difficulty of re-housing within the means of the displaced tenants, objections to being removed to the outskirts, and various other reasons, but a solution had to be found.

“ In its essence the housing problem consists almost entirely in the building of a sufficient number of new houses, and the rate at which new houses can be erected controls the rate at which unfit houses can be vacated. There has been regrettable delay in securing demolitions owing to the difficulty of obtaining suitable sites, but this has now been overcome, and the progress of building has been accelerated. The end of slum-clearance work is in sight, and future activities will have to be directed towards the prevention of its recurrence. So far, the general results have been good ; close, congested, worn-out and insanitary dwellings have given place to more sparsely spread houses on higher ground, each self-contained, with indoor water-supply, bath-room, larder, and separate w.c. This means a complete revolution in the conditions of life of many people. The majority appreciate the change, and are living up to the improved conditions. The Council’s rent-collector has been asked to report cases where the tenants fail



to keep their houses clean in spite of the facilities now available in Council houses ; and it is gratifying to record that the complaints have been very few in number.

“ Since the housing campaign began, there are a large number of applicants for Council houses who have discovered defects in their abodes, many of which on inspection are found to be of the most trivial character. Every case is investigated, and when it is well-founded, steps are taken to secure a remedy ; but many are quite unjustifiable, and cause a lot of work to the Department, which interferes with really necessary duties.”

With regard to overcrowding Dr. Holroyde writes :—“ It is less than was anticipated, and its chief causes are three in number ; first, one family being too big for the size of the house, especially where there are only two bedrooms ; second, the keeping of lodgers ; third, grown-up sons and daughters, married or unmarried, living with their parents. The question of overcrowding will need periodical review ; in some cases the departure of older children will have abated it, whilst in others increases in number and ages of children will cause overcrowding where at present it does not exist. The provisions of the Act will have to be administered tactfully, and not in a drastic manner. The really important matter is the abatement of the grosser forms of overcrowding.

“ Overcrowded families need larger houses, but in most instances the means of the family will not enable them to pay the rent required for a larger house. This question of rent is one of great importance, and needs the careful consideration of your Council. If the amount paid for rent is too high, where the family is large, there is less money available for food and the necessities of life.”

*Crayford U.*—“ Notwithstanding the fact that 160 houses were built by the Local Authority during the year, there would still appear to be a housing shortage, judging by the increasing number of applicants for houses. Owing to the shortage of certain skilled tradesmen, especially in the Armaments Factory of Vickers Armstrong, Ltd., a large number of people have been introduced into the district from other areas, with the result that the demand for houses is greater than ever. At the present moment another housing scheme is in course of construction, for the re-housing of existing overcrowded cases.

“ A disturbing feature in regard to housing is the question of dampness in new houses. As most of these houses are of the owner-occupied type, there is very little that the medical officer of health and sanitary inspector can do, other than give what advice they can. It would appear to me that stronger steps should be taken to prevent such an occurrence, having particular regard to site, structure, and materials used. The experience gained by medical officers of health and sanitary inspectors in dealing with old property is such that they should have a greater say in the construction of new houses. Dampness can, and ought to be, prevented.”

*Dartford B.*—The enumeration under the Housing Act, 1935, revealed sixty-nine cases of overcrowding. Forty of these cases have been abated, by persons leaving the district or obtaining houses (Council or other) with suitable accommodation.

There are still many applicants for Council houses, but the acute shortage has been overcome.

*Deal B.*—With the exception of a few large families to be re-housed under the overcrowding provisions of the Housing Act of 1936, the district is free from any shortage of working-class houses.

*Erith U.*—The overcrowding survey has discovered thirty families living in overcrowded conditions.

*Faversham B.*—The Council is considering a scheme for the erection of thirty houses.

*Folkestone B.*—If a number of small flats were built, such as would accommodate aged persons with a small income (e.g. man and wife with old-age pension) it would be of great advantage and release other houses with more accommodation. “ With regard to re-housing in connection with overcrowded families the main need is the provision of houses with four to six bedrooms at a reasonable rent. It is the large families which make difficulties in re-housing.”

*Gillingham B.*—Thirty-three houses are required to abate overcrowding, and the Council will erect sixteen houses shortly, in this connection.

*Gravesend B.*—As a result of the overcrowding survey under the Housing Act of 1935, it was estimated that 47 houses would be required to re-house overcrowded families.

*Herne Bay U.*—The survey under the Housing Act revealed sixteen cases of overcrowding, of which three were abated and two reduced.

“Many of the working classes are paying a high rent in comparison with their incomes.”

*Hythe B.*—It is hoped to abate some of the remaining cases of overcrowding, by exchanging the tenancies of a number of Council houses; but about six or seven new houses are required to complete the programme.

*Lydd B.*—Two cases of overcrowding occurred during the year.

*Maidstone B.*—The preliminary overcrowding survey revealed 247 cases of overcrowding, or 2.3 %

*Margate B.*—There is still a demand for houses which could be occupied by the poorer classes at an economic rent.

It is proposed to build 58 houses at Garlinge, and eight at Birchington, for the abatement of overcrowding, and for re-housing in connection with clearance areas.

*Northfleet U.*—Nineteen cases of overcrowding were relieved, and at the end of the year there remained twenty-six families still living under overcrowded conditions. The Council has decided to build this number of extra large houses for such families.

*Penge U.*—“There is still sufficient accommodation in the empty houses, flats and tenements of the district, to re-house the cases of overcrowding, but owners are reluctant to let to tenants with young families.”

*Ramsgate B.*—The medical officer of health made fourteen representations with regard to Clearance Areas; and at the end of the year, one area had been cleared, and one area was the subject of negotiations with the object of purchase by the Corporation. The remaining twelve areas will be dealt with during 1937.

“There is still a demand for the smaller type of house at a low rental. Difficulties arise in connection with existing large type houses in which inadequate alterations have been made by the owners to make them suitable for two or more tenants. High rents are often charged and there is a reluctance on the part of the owners to let houses to tenants with large families.”

*Rochester C.*—Shortage continues, largely owing to increased work in the town, and consequent influx of new residents. “Private enterprise is making no provision at rentals which can be afforded by small families now living in sublet houses.”

*Sevenoaks U.*—Private enterprise appears to have overcome any shortage of housing accommodation. During the year, forty-six applications for Council houses were investigated, with the result that only thirteen applicants wished their names to remain on the register.

*Sittingbourne-Milton U.*—Twenty-four houses are to be built to meet the requirements of the Overcrowding Act.

*Swanscombe U.*—“The cement industry is flourishing, and applications for houses still come in. Owing to the extensive quarrying in the district all available building sites have now been utilized.”

*Tonbridge U.*—The Council has prepared a scheme for the erection of additional houses to accommodate statutory cases of overcrowding.



*Tunbridge Wells B.*—In June, 1936 it was estimated that 82 houses would be required to deal with overcrowding discovered by the survey made under the 1935 Housing Act, but at the end of the year this number had been lessened, due to removals and other causes. The housing-register still contains the names of many applicants ; and application has been made for sanction to the borrowing of £87,000, for the erection of 158 houses and the construction of roads and sewers, to enable overcrowding to be dealt with and insanitary property demolished.

*Whitstable U.*—The overcrowding revealed by the survey is due to the inability of working-class families to pay high rents.

Two housing schemes are in progress. One is to provide accommodation necessitated by the slum-clearance work, the other for the benefit of aged persons, old-age pensioners, etc.

*East Ashford R.*—A scheme for the provision of about fifty houses is in course of preparation by the Council—principally to relieve cases of overcrowding.

*Dartford R.*—The Council has a scheme in hand which will provide for all applicants and all overcrowding cases, up to date.

*Dover R.*—Thirteen cases of overcrowding were relieved, and there were seven cases existing at the end of the year.

Building by private enterprise is thought to be sufficient to meet the needs of the district.

*Eastry R.*—Fifty-nine cases of overcrowding were re-housed, and eleven cases remained at the end of the year.

Apart from building necessary to re-house overcrowded families, the Council has in hand the erection of twelve houses to complete its present programme.

*Hollingbourn R.*—Of the sixteen houses required to replace unsatisfactory property, the Council has provided for the erection of a further six houses under the slum-clearance programme for 1937 ; the remaining ten are in respect of houses not included in the original programme.

Thirty-two houses will be erected during 1937, for the abatement of overcrowding.

*Maidstone R.*—At the end of the year there were thirty cases of overcrowding to be dealt with.

*Malling R.*—The number of applicants for houses, gives a misleading figure. 351 families have applied for council houses, but a very large proportion of these are reasonably housed, without evidence of overcrowding. The overcrowding survey is incomplete ; on measurements, quite a number of properties were found to be overcrowded, and the preliminary figures indicate seventy-three houses in this category.

*Romney Marsh R.*—The Council has decided to erect two houses in the parish of St. Mary, to relieve overcrowding.

*Sevenoaks R.*—Over 300 houses were built, and the housing shortage is being rapidly overcome. The survey showed a very low percentage of overcrowding ; some of this has been overcome by action on the part of the Council, and it is hoped that by the end of 1937 there will be little or no overcrowding existing.

*Strood R.*—A survey showed the existence of overcrowding in sixty-two houses.

*Swale R.*—The Council is considering a scheme for the erection of 140 houses of the non-parlour type, to re-house overcrowded families and to replace unsatisfactory property.

*Tenterden R.*—Sixty-eight houses are now in course of erection by the Council, which should prove sufficient to provide required accommodation.



*Tonbridge R.*—It is anticipated that a few additional houses will have to be provided each year in the eastern parishes, to meet the requirements of the agricultural workers engaged in the increasing production of fruit. Houses will be required in the other parishes also.

The fifty-six houses said to be required, are in fact in course of construction.

## CLEANSING AND DISINFECTION OF VERMINOUS PERSONS AND THEIR BELONGINGS.

In the Annual Report for 1930 was included a table showing the facilities available for the cleansing, etc., of verminous persons, their clothing and belongings. There have been few changes or extensions in this matter, since then.

In *Bexley Urban*, during 1936, a scheme was adopted for the disinfection of the furniture of tenants removing to Council houses, following displacement under Section 19 of the Housing Act of 1930. The work is done by contract, hydrogen-cyanide gas being used : and the same method is being adopted, where possible, in respect of houses to be demolished under the Housing Acts. Where Council houses become infected, they are dealt with by the application of a blow-lamp to the woodwork, followed by sulphur-dioxide vapour in the sealed rooms, with a "repeat" treatment after fourteen days.

In *Deal Borough*, where no provision is made in this matter, the medical officer of health considers that the subject is one which will have to receive early consideration.

## WATER SUPPLY.

In the Annual Report for 1930 was set forth the sources of water supply of each district in the county, and (in the case of the rural districts) note was made of the parishes which are supplied mainly by wells or other sources. Such information has been brought up to date in succeeding reports ; and in the following paragraphs, extensions, complaints, and other matters of interest in 1936, are recorded, while Tables 44 and 45 show the number of premises in each area which are not connected to public supplies :—

*Ashford U.*—A new pumping-station (yielding 200,000 galls. per day) and reservoir were brought into use during the year : and a water-softening plant was installed.

*Herne Bay U.*—Some difficulty is being experienced in providing an adequate water supply for the area recently added to the town. One of the two reservoirs is being reconstructed and enlarged.

*Hythe B.*—The new bore-hole at Postling Wents has been completed, and application made for a loan for installing the necessary pumping machinery. This new supply will satisfy all requirements as to quantity.

Some complaints have been received of iron-deposit.

*Lydd B.*—Considerable development is anticipated in this district : and in view of the possibility of contamination of the existing supply, a joint Committee representing the borough, the Water Company, the War Department, and the Estate owner, are investigating the underground flow of water.

Improvement effected in the supply, is referred to under *New Romney Borough* and *Romney Marsh Rural*—the water supply of the three areas being from a common source.

*Maidstone B.*—Work on the new source of supply, at Boxley, has made good progress, and an ample supply from this source should soon be available.

There have been complaints of a discoloured sediment in the water, in some parts of the town. This was due to the presence of iron in the supply from one source, and a filtering-plant is being installed.

*New Romney B.*—Examination confirmed a complaint which had been received of the presence of a small aquatic species of worm ; and also revealed other pollution. Immediate action was taken by installing a chlorination plant, and recent bacteriological examinations have given good results.

*Queenborough B.*—Extensive repairs, replacements and additions to the pumping plant were in prospect of completion at the end of the year.

*Sittingbourne-Milton U.*—A new scheme is in hand for the increase of the supply.

*Southborough U.*—Mains have been extended : new electric pumps have replaced the old gas-engines at the Modest Corner works ; and a new service reservoir is in course of construction.

*Tenterden B.*—Negotiations are proceeding regarding the extension of the mains of the Cranbrook Water Company, from Tenterden to Smallhythe.

*Tonbridge U.*—The Tonbridge Water Company has sunk a new boring to a depth of over 500 feet, and installed a new electric pump capable of delivering 40,000-50,000 gallons hourly. A duplicate boring is also being made.

*Whitstable U.*—Work is about to commence on an extension of mains, and the construction of a new reservoir at Radfall.

*Bridge-Blean R.*—Arrangements have been made for a supply of water to the parish of Lower Hardres, by the Canterbury Water Company : and the question of an improved supply for the parishes of Stodmarsh and Chislet is under consideration.

*Dartford R.*—The mains of the Mid-Kent Water Company were extended to the outlying portions of the parish of Kingsdown.

*Dover R.*—An extension of mains has been made to serve Capel-le-Ferne.

*Hollingbourn R.*—A scheme was completed for a main supply to Stockbury ; and there were extensions of mains at Lenham.

*Maidstone R.*—A supply is needed at Hunton hill-top. It is proposed to sink borings at Thurnham, and erect a new pumping-station.

*Romney Marsh R.*—The Council has accepted tenders for the laying of mains in every parish not already supplied.

Some pollution occurred in the supply to Dymchurch, and the Littlestone Water Company adopted chlorination.

*Sevenoaks R.*—An extension of mains to Mark Beech—Chiddingstone Hoath, completed during the year, afforded a supply to some eighty houses where serious shortage has been experienced in the past.

*Sheppey R.*—The Council is preparing a scheme for extending the mains to Leysdown Village, Shellbeach and Shellness.

*Strood R.*—Complaints of inadequate supplies were again received from Cliffe, Cooling, Grain, Luddesdowne and Meopham ; and the question of supply in these and other parts of the district has been under discussion throughout the year.

*Swale R.*—The new pumping-station of the Mid-Kent Water Company, at Well Lane, Ospringe, is almost completed. Mains were extended by over three miles, between Boughton and Selling.

*Tonbridge R.*—The new works of the Tonbridge Water Company (referred to under Tonbridge Urban above) will affect the supply in this area also.

## DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL.

In Tables 44 and 45 at the end of this Report is shown the number of premises in each district containing the different types of sanitary conveniences, and the number of drainage nuisances dealt with during the year.

The following comments upon matters of drainage, etc., are taken from the reports and summaries of the medical officers of health :—

*Ashford U.*—Schemes for the drainage of Kennington, South Willesborough, South Ashford and Godinton Road are now in hand.

*Broadstairs U.*—The sewerage of the Kingsgate area, and the provision of a new outfall sewer, was completed during the year.

*Bromley B.*—Work has commenced on the duplication of the sludge-digestion works. Steady progress is being made in the added areas of the borough, in the connection of houses to main-drainage.

*Deal B.*—A main-drainage scheme for the Mongeham area is in course of preparation ; and it is proposed, also, to survey the whole system of sewerage throughout the borough.

*Faversham B.*—In the recently-added portion of the borough there is urgent need of a sewerage system : and a scheme has been drawn up, and is in progress.

*Folkestone B.*—There is some inadequacy in the town's sewerage system, and a considerable scheme of extension was under consideration at the end of the year.

*Gravesend B.*—The “ added areas ” (Denton and Chalk) are still cesspool-drained.

*Herne Bay U.*—The Greenhill Estate was sewerage during the year : but the whole of this West end of the district requires sewerage.

*Hythe B.*—The West Hythe drainage scheme will be completed in the early part of 1937.

*Lydd B.*—In the event of the development which is anticipated, the necessity for main drainage will undoubtedly arise.

*New Romney B.*—Tenders were obtained for the draining of the old part of the town, the treatment of the sewage, and the carrying of the effluent out to sea ; but in view of the disparity between the estimated cost and the actual tenders, investigation is being made into the cause, and there is a possibility of only part of the scheme being carried out.

*Orpington U.*—The sewerage of Chelsfield was completed : and that of Downe is well in hand.

*Queenborough B.*—The sewage discharges from two outfalls into the harbour, and there have been complaints of nuisance. With increased building in the district, the time has come for careful consideration of the whole subject, and the installation of a modern system of sewage-disposal.

*Sevenoaks U.*—The Council possess a mechanical cesspool-emptier for use in the outlying parts of the district.

*Swanscombe U.*—By an arrangement between the two councils, a low-lying area of Swanscombe (containing about seventy-five houses) was connected to the low-level sewer of Northfleet Urban.

*Tunbridge Wells B.*—Further additions and extensions to the South Sewage Farm will be made shortly.



*Whitstable U.*—Consultant engineers are investigating the question of modification and extension of the existing sewerage system, and the provision of a new system for the added area. The former work is thought to be urgent, in view of the serious flooding which has occurred in certain portions of the town and which is becoming worse.

*West Ashford R.*—Drainage is required for the village of Kingsnorth, but the matter is considered to be too expensive.

*Bridge-Blean R.*—Schemes have been adopted for the sewerage of Sturry, Westbere, Fordwich and Chislet, and the alteration of the disposal-system for the parish of Harbledown.

*Cranbrook R.*—A new filter-bed was constructed to serve the council houses at Hawkhurst.

*Dover R.*—The Rural District Council has engaged an expert to report as to the feasibility and cost of a drainage scheme for the populous parts of the area.

*Eastry R.*—A scheme has been sanctioned for the re-modelling of the sewage-works at Minster; and the sewage-works at Ash are to be abandoned, and the sewage conveyed to Dambridge for treatment.

*Elham R.*—Drainage is required for Lyminge and Elham.

*Hollingbourn R.*—Provision for sewage disposal is needed for the parishes of Harrietsham, Hollingbourn, Leeds, Boxley and Thurnham.

*Maidstone R.*—Schemes are in hand for the parishes of Barming, Loose and Yalding.

*Malling R.*—The rapid development of housing in Aylesford has emphasized the need for providing sewage facilities for the southern portion of this parish.

The rising main and pumping-plant at Aylesford need renewal. The sewerage of London Road, West Malling, is being reconstructed.

*Romney Marsh R.*—A drainage scheme was prepared for the parish of Dymchurch, but it had to be dropped owing to abnormal cost. The Council now proposes to deal with the matter by purchase of plant, land and buildings, and by the direct employment of a staff under the supervision of the sanitary inspector.

*Sevenoaks R.*—More than 5,000 yards of sewers were laid, chiefly in the parishes of Halstead and Otford.

*Sheppey R.*—The main drain was extended along the Queenborough road, in the parish of Minster. The Council is considering the question of a drainage system for Eastchurch; and plans and estimates have been prepared to give main-drainage facilities to Warden and Leysdown.

*Strood R.*—A scheme has been prepared for the drainage of Hoo, after some delay had arisen on the question of discharge of effluent into the Medway. The question of main drainage for the parish of Cuxton has been under consideration, also, but has been deferred with a view to seeing how far development was likely to materialise.

*Swale R.*—The village of Boughton is still served by an open sewer.

*Tenterden R.*—New sewage-works are being provided at Wittersham. Sewerage schemes are required for the villages of Appledore, High Halden and Woodchurch.

*Tonbridge R.*—The nuisance from smell during cesspool-emptying has been considerably reduced by the use of sodium hypochlorite, added in the proportion of thirty parts per million to the sewage as it is collected.

## SCAVENGING AND THE DEPOSITION OF HOUSE REFUSE.

In the Annual Report for 1930 particulars were given of the frequency of collection, the responsibility for collection, and the method of disposal of house-refuse, in each sanitary district of the county ; and such particulars have been brought up to date in each Report since then.

The following paragraphs set out the alterations, improvements or deficiencies recorded during 1936, and in Tables 44 and 45 is shown the number of nuisances dealt with in respect of offensive accumulations and the provision of refuse receptacles.

*Ashford U.*—The medical officer of health questions whether the destructor is large enough, in view of the extension of the area.

*Beckenham B.*—Controlled tipping has been discontinued, and the new destructor plant is working well.

*Bexley U.*—Land has been purchased, for use as a new controlled tip serving the western part of the area.

*Bromley B.*—A new moving-floor collection-vehicle of fifteen cubic yards' capacity, was purchased.

*Chatham B.*—Dr. Holroyde advocates action to prohibit the use of unsuitable receptacles for domestic storage, and to insist on the provision of suitable bins.

*Deal B.*—Further land has been purchased for the disposal of refuse by controlled tipping.

*Herne Bay U.*—Some complaints have been received with regard to rats at the tipping-site at Broomfield.

*Margate B.*—Owing to the growth and extension of the district, difficulty is experienced in coping with the refuse, at the destructor ; and it is proposed that part of the refuse should be dealt with by controlled tipping.

*Northfleet U.*—Collection and disposal of refuse is now carried out by a staff directly employed and under the supervision of the sanitary inspector. Two motor-lorries and a horsed-cart make a weekly collection from the town, and a monthly collection from the outlying rural area. (This latter arrangement will be altered next year, it is hoped, to a fortnightly basis). Disposal is by controlled tipping ; and in this connection the medical officer of health remarks that it seems a pity, with the number of disused chalk-pits in Northfleet, that controlled tipping cannot be used in an endeavour to fill them.

*Rochester C.*—Arrangements completed for the provision of a sanitary dustbin in every house : and 2,456 of these dustbins were provided during the year.

*Sandwich B.*—A scheme for controlled tipping is under consideration. The present crude dump has given rise to complaints owing to the prevalence of rats.

*Tunbridge Wells B.*—Four new vehicles were purchased to replace older types.

*Whitstable U.*—A new tip, to replace two sites now completed, was obtained by a Compulsory Purchase Order, and tipping commenced towards the end of the year.

*East Ashford R.*—Increased facilities needed in the rural parishes for the collection and disposal of tins, bottles, and other household refuse.

A list of offensive and unsightly accumulations of refuse on waste ground or public places, was made by the Sanitary Inspector : and many of these accumulations have now been removed.

*West Ashford R.*—The question of scavenging is under consideration by the Council.

*Bridge-Blean R.*—A scheme for the scavenging of five additional parishes came into force during the year ; and there is now a full scavenging service in fifteen parishes. Collection is twice-weekly in two parishes, and weekly in the remainder ; and the refuse is deposited on sites at Fordwich, Barham and Chartham Hatch, and covered as deposited.

*Eastry R.*—Controlled tipping has been adopted, and is working satisfactorily.

*Hollingbourn R.*—Dumps have been provided in some of the parishes. A system of collection, and some method of disposal is needed.

*Maidstone R.*—Scavenging is needed in all the parishes except Bearsted and Loose, in which parishes the work is carried out by the Council.

*Malling R.*—The scheme has been improved by the extension of the lorry's journeys to cover a monthly visit to all those parishes not previously included in the scheme.

*Romney Marsh R.*—This service is carried out by contract ; but it has never been satisfactory, and the Council is now considering the purchase of up-to-date plant and the direct execution of the work.

*Sevenoaks R.*—Improvement was effected in the Northern Area by the acquisition of a tipping-ground at Hosey Common, Westerham.

*Sheppey R.*—The Council has inaugurated a scavenging system for Eastchurch, Warden and Leysdown. Thus the scavenging for the whole of the rural district is now carried out by the Council, by direct labour.

*Strood R.*—The Council has introduced a scheme of scavenging, by contract, of ten parishes ; and this is proving satisfactory.

*Swale R.*—There was an extension of the area served by a scavenging system, in the districts of Teynham and Lynsted.

## NUISANCES FROM THE DEPOSITION OF REFUSE BY OUTSIDE AUTHORITIES.

There are few references to this matter in the reports of the district medical officers of health. The following may be quoted :—

*Crayford U.*—There is nuisance in summer, from flies and smell from incoming trucks.

*Sevenoaks R.*—The Southwark Borough Council continue to tip about three railway-truck loads of house-refuse, daily, at Otford. No complaints arose from this practice, during the year.

*Strood R.*—Complaints were received of the deposit of refuse by other authorities, chiefly in Meopham, Grain and Halstow.

*Swale R.*—There were complaints of rats on the land at Otterham where refuse from Chatham Dockyard is deposited by contractors. The matter has been taken up with those concerned.

## POLLUTION OF RIVERS OR STREAMS.

The following notes are taken from the reports and summaries of the district medical officers of health :—

*Ashford U.*—There is pollution of the Stour, at Kennington and Willesborough, but this will be remedied by the drainage schemes now in hand.



*Bromley B.*—The Bourne and Ravensbourne streams were culverted to an extent of over one mile, and further culverting-work was commenced on a portion of the Princes Plain stream.

Four instances of pollution were abated after the service of informal notices.

*Chatham B.*—"Much of the pollution occurs from places higher up the Medway, and from vessels anchored in the stream." No steps to remedy such pollution were taken during the year.

*Deal B.*—Two minor cases, of nuisance arising from deposits in dykes at Northwall, were abated after the service of informal notices.

*Gillingham B.*—All sewage from H.M. Dockyard, which was formerly discharged into the River Medway, is now conveyed to the sewage works at Motney Hill.

*Herne Bay U.*—Some pollution of a small stream was caused by effluent from a gas-works, and action to prevent this was being taken at the end of the year.

*Maidstone B.*—Pollution of the Medway and the Len has occurred, through the discharge of trade waste from industrial undertakings on the banks of those rivers. The firms concerned have co-operated in a reduction of this pollution, but lack of space at these mills has proved a barrier to the complete solution of the problem.

*Penge U.*—It was necessary to clear rubbish periodically from the open portion of the boundary stream, between Penge and Beckenham. The culverting of another portion of this stream was commenced, and completed early in 1937.

*Rochester C.*—The River Medway is polluted. The medical officer of health points out that no steps can be taken by the Port Sanitary Authority to check this pollution, as the river in their area is not a "stream," and consequently not subject to the Rivers Pollution Acts.

*Sandwich B.*—The sewage of the town is discharged, untreated, into the River Stour.

*West Ashford R.*—The sewage disposal works with effluent outfalls to rivers, in the parishes of Bethersden, Great Chart and Smarden, were re-constructed, and there is now little pollution.

*Cranbrook R.*—The Cockshot stream at Hawkhurst is still heavily polluted by sewage. Negotiations are proceeding with regard to the provision of new sewage works.

*Hollingbourn R.*—There was pollution of the River Beault at Headcorn, and arrangements were made with a view to preventing this.

*Maidstone R.*—The matter of pollution at Bow Bridges is being taken up by the Maidstone and Malling Rural District Councils, jointly. Schemes are in hand at Loose, Coxheath, East Farleigh and Yalding.

*Malling R.*—Steps were taken to maintain the flow of the stream receiving effluent from the Snodland Sewage Works; the occupiers of premises on the higher side of the outlet point were persuaded to carry out necessary alterations, in order to prevent the diminishing of the flow below the minimum required.

At the West Malling Sewage Works, the effluent was found to be unfit for discharge, and work is in hand to improve its quality.

*Sevenoaks R.*—There was no evidence of serious pollution; but eight cases of pollution from cesspools were abated, and one case of pollution by trade-waste water was dealt with by the County Council. Samples of effluent from the Edenbridge sewage-farm were submitted to analysis.

## SWIMMING BATHS AND POOLS.

The Ministry of Health requests that annual reports should contain particulars of swimming baths or pools (whether public or privately-owned) open to the public, and of action taken to ensure the satisfactory condition of the water.

According to the latest information in my possession, there are baths or pools in the following districts in the county :—Ashford, Beckenham, Bexley, Broadstairs, Bromley, Chislehurst and Sidcup, Crayford, Dartford, Dover, Erith, Folkestone, Gillingham, Gravesend, Maidstone, Margate, Northfleet, Orpington, Ramsgate, Rochester, Sevenoaks, Sheerness, Sittingbourne and Milton, Swanscombe, Tonbridge and Tunbridge Wells ; and in the rural districts of Bridge-Blean, Dartford, Malling, Sevenoaks, Strood and Tonbridge.

Information respecting many of these baths was contained in my last report, and the following notes are taken from the district reports for 1936 :—

*Ashford U.*—Following an adverse bacteriological report, a new bath is being built on the site of the old one, smaller in size, but with better arrangements for purification.

*Bexley U.*—There is one swimming-pool, owned by the Council, and opened during the year. This pool has a modern system of water-purification, and periodical bacteriological examinations are made of samples of the water.

*Bromley B.*—Extensive alterations and improvements were carried out to the corporation's swimming-bath at Southlands Road. There are four private swimming-pools, and samples taken from these on various occasions have proved satisfactory.

*Chatham B.*—There is a swimming-pool for the garrison : but no publicly or privately owned baths. The medical officer of health hopes that this matter will be remedied before long.

*Crayford U.*—There is one swimming-pool, which is purified by chloros ; and frequent samples are taken for analysis.

*Dartford B.*—There are open-air baths owned by the Corporation. New heating and filtration plant was installed during the year.

*Erith U.*—An open-air swimming-bath is provided by the Council, and the water is mechanically filtered. Samples examined during the year were satisfactory.

*Folkestone B.*—Two old indoor swimming-baths have been abolished, and an open-air sea-water swimming-pool provided, of modern construction. The water is chlorinated.

*Gillingham B.*—The Candy filtration-plant is working satisfactorily. Four samples of water from the baths reached the necessary standard of cleanliness.

*Gravesend B.*—A new swimming-pool is being constructed, and will be opened in 1938.

*Maidstone B.*—There are two public swimming baths ; and a new swimming-bath at the Boys' Grammar School was opened during the year. All three are provided with filtration-plants.

*Margate B.*—There are six swimming-pools : one where chlorination is carried out, is in connection with an institution, two are in connection with schools, and three are public sea-water baths. In one case it was necessary to draw attention to unsatisfactory conditions.

*Sevenoaks U.*—There is one public swimming-bath, which is controlled by the council, and has a modern filtration plant.



There is also one private swimming-bath. Samples from this showed the water to be unsatisfactory : and in the event of the bath being used in 1937, the water will be taken from the public mains instead of from the adjoining stream.

*Sheerness U.*—The installation of a purifying-plant is under consideration.

*Sittingbourne-Milton U.*—Examination of a sample of water from the swimming-bath gave a satisfactory result.

*Swanscombe U.*—A new swimming-pool was opened. The water is purified by filtration, by horizontal pressure and a chlorination-plant.

*Dartford R.*—There are two swimming-pools, both at Kingsdown. Samples of the waters were taken periodically, and found to be satisfactory.

*Malling R.*—The two swimming-baths in the area are well maintained. Advice was given on the management of apparatus.

*Sevenoaks R.*—Four privately-owned baths are kept under supervision. With the exception of one case, the water used in these baths is filtered prior to use.

*Tonbridge R.*—Samples taken from one of the two public swimming-pools in the area, suggested that the chlorination-system was not efficient.

#### SANITATION OF HOPPER ENCAMPMENTS.

Continuous rain, with high winds and low temperatures, lasting for some weeks, immediately before hop-picking was due to commence, delayed the final ripening, and picking started later than is usual ; and although the quality of the hops was generally good, the acreage left unpicked was higher than in the previous year.

The acreage under hops in the county was returned as 10,106 out of a total of 18,317 for the whole of England and Wales ; and no less than 6,285 acres are within the area Cranbrook—Maidstone—Tenterden—Tonbridge.

In his annual report for the South-West Kent United Health Area, Dr. Galbraith gives an interesting review of the work from the public health standpoint.

Well before the commencement of picking, a medical officer of the Ministry of Health visited the area and discussed the general arrangements for the forthcoming season ; and subsequently he spent sixteen days in the district, conducting a systematic tour of inspection, accompanied by the local sanitary inspectors and Dr. Galbraith. Particular attention was given to certain farms which, in the previous year, had been found not to be satisfactory ; and satisfaction was expressed at the improvements which had been effected, chiefly in respect of the formerly inadequate cooking-houses and unsatisfactory water supplies.

Many new huts had been erected, and improvements effected by the provision of new, or improved, latrine accommodation. Mention should be made, also, of the much appreciated provision on one farm, of a special drying-shed, fitted with stoves and racks, for the drying of the clothing of the pickers.

Two prosecutions were instituted, in respect of the contravention of bye-laws, and fines were inflicted.

At one farm where, in the previous year, the huts had been strongly criticised owing to their bad, dangerous and damp site, the whole of the camp (forty huts in all) had been moved to a good site at another farm.

A leaflet of practical 'Hints to Hop-Growers' was again circulated ; and bills in respect of overcrowding, and cleanliness in camps, were posted on the huts, before picking commenced.

The Automobile Association again co-operated with the authorities by displaying warning notices near the encampments.

Infectious diseases cases occurring among the pickers in the South-West Kent Area, totalled eighteen (seventeen notified from the farms in the area, and one reported from London as having developed on return). Thirteen cases of scarlet fever arose, in *Cranbrook Rural* (one), *Maidstone Rural* (seven, including the above



mentioned notification from London) and *Tonbridge Rural* (five) ; and five cases of diphtheria, in *Maidstone Rural* (four), *Tonbridge Rural* (one). Six contacts with London cases came to the hop-fields, and were investigated.

The London County Council again distributed leaflets to intending hop-pickers before their departure, giving advice regarding precautions against infectious diseases : and, on the suggestion of Dr. Galbraith, a note was added to this leaflet, strongly advising parents “ not to bring infants in arms down to the hop-fields ”—or, should this be unavoidable, to choose a farm where a Salvation Army creche was provided.

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Colonel Chopping, C.M.G., the Honorary Medical Adviser of the Hop-pickers' Medical Treatment Board, in his report on the work during 1936, states that there were two hospitals and seventy-two dispensaries in the county, serving 330 camps. These organizations treated 11,958 new patients, who made 28,016 attendances ; transferred 130 cases to hospitals for further treatment ; and supplied the services of nine doctors, eight medical students, twenty-nine trained nurses, sixty-nine partly trained nurses, and many other helpers. All these organizations maintain a high level of efficiency, and their work is deserving of the greatest praise.

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The following comments are taken from the reports and summaries of the district medical officers of health :—

*East Ashford R.*—A considerable amount of repairs carried out, to huts, closets and cook-houses ; and a water-supply laid on to some one hundred huts on a farm at Chilham, from the mains of the Mid-Kent Water Company.

*Bridge-Blean R.*—Improvements are required in certain of the encampments. There was one case of scarlet fever in a ‘ foreign ’ picker.

*Hollingbourn R.*—With one or two very minor exceptions, the camps complied with the bye-laws and were well conducted. There was no outbreak of disease.

“ The provision of sufficient water supply for the hop-pickers' encampments is often a matter of difficulty, and at two camps where the main water is not available, filters for the improvement of the water from a stream have been provided, while at a third camp, where the only available water is from a pond, plant for the chlorination of the water has been installed. But these expedients, while they are probably the best that can be done at present, are not entirely satisfactory, and their efficiency depends on adequate maintenance and—not least—intelligent use and reasonable care.”

*Malling R.*—Improvement is well marked, and there are very few camps at which cause for adverse criticism exists. The growers show willingness to co-operate in attaining the desired standards.

*Sevenoaks R.*—Apart from the usual trouble with the unhygienic habits of the pickers themselves, there has been little cause for complaint. The condition of the dwellings has been found satisfactory, apart from a few minor defects.

## SHOPS ACT.

The annual reports of the district medical officers of health contain particulars of the action taken during 1936 under the provisions of the Shops Act of 1934, relating to the ventilation and temperature of shops, and to sanitary conveniences.

It is evident that the number of inspections made in this connection again reached a considerable total. The defects discovered were in almost every case dealt with by informal notices : and it is interesting to note the marked preponderance of defects associated with the provision or condition of sanitary conveniences.

## SMOKE ABATEMENT.

At the request of the Ministry of Health, the local annual reports include particulars of action taken with a view to the abatement of nuisance from smoke in the area ; and the following extracts have reference to this subject :—

*Bromley B.*—Three cases of nuisance from smoke-emission were remedied by improved methods of stoking, or change of fuel.

*Chislehurst and Sidcup U.*—Inspections and observations were made on 151 occasions, in connection with nuisance arising from smoke and grit. Improvement was affected in several cases.

*Crayford U.*—Observations were made on the emission of black smoke. In one factory a mechanical stoker has been installed, with considerable improvement in smoke emission : while in another factory improvements are being carried out which, it is hoped, will enable the stokers to keep within the limit of the new bye-laws.

*Dartford B.*—Nine observations were made during the year ; and one smoke-nuisance was remedied.

*Deal B.*—In two instances, improvement in stoking methods had the required effect in abating smoke-nuisance, without recourse to formal action.

*Dover B.*—Following smoke-observations, informal notices were served in two cases, and the nuisances were abated.

*Gillingham B.*—Thirty-three cases of nuisance were abated.

*Maidstone B.*—Conferences have taken place with several manufacturers, on the matter of smoke-abatement : and considerable improvement has been effected.

*Margate B.*—Two cases of nuisance from smoke emission were abated after the service of informal notices.

*Penge U.*—Smoke nuisance occurred in relation to two factories, and was abated after informal action.

*Sandwich B.*—One minor case of smoke nuisance occurred, and was dealt with satisfactorily after an interview with the proprietor of the works concerned.

*Dartford R.*—Four cautionary notices were issued : and the improvement secured has been maintained.

*Malling R.*—Two firms were notified of their responsibilities with regard to smoke-emission, the source of nuisance being traced to failure of the human element. Advice and guidance appear to have assisted the stokers, with the result that smoke-emission has diminished to reasonable limits.

*Sevenoaks R.*—One case occurred which was dealt with by verbal warning, and advice to the stoker concerned.

## METEOROLOGICAL OBSERVATIONS.

The facilities existing in the various districts of the county, for meteorological observations and recording, were set out in detail in my Annual Report for 1930, and have been amended as necessary since then.

The only addition to be noted in respect of 1936, is that in *Whitstable Urban* a meteorological station is being set up by the council.

## ADOPTIVE ACTS, BYE-LAWS AND REGULATIONS.

The following additions were made during 1936, to the adoptive Acts in force in the various districts of the County :—

*Bexley Urban*, Sec. 50, Public Health Act, 1925 : *Rochester City*, the Rochester Corporation Act : *West Ashford Rural*, Sec. 14, Public Health Act, 1925 : *Swale Rural*, Secs. 23 and 27, Public Health Acts (Amendment) Act, 1907.

Additions to bye-laws were as follows :—Cleansing of privies and disposal of privy-contents, *Whitstable Urban*. New streets and buildings, *Penge Urban*, *Swanscombe Urban*, *Eastry Rural* (revised), *Swale Rural*. (In *Deal Borough*, a revision of such bye-laws is in hand). Prevention of Nuisances, *Beckenham Borough*, *Swanscombe Urban*. Offensive Trades, *Ashford Urban* (revised), *Gillingham Borough*. Slaughter-houses, *Ashford Urban* (revised), *Dover Borough*, *Swanscombe Urban*, *Eastry Rural*. Improvement of housing conditions, *Gillingham Borough*. Drainage of existing buildings, *Penge Urban* (revised), *Swanscombe Urban*. Tents, vans and sheds, *Whitstable Urban* (revised), *Elham Rural*. Pleasure-grounds, *Erith Urban* (revised), *Swanscombe Urban*. Underground rooms, *Penge Urban* (revised). Means of escape from fire, *Swanscombe Urban*. Removal of house-refuse, *Swanscombe Urban*. Hop-pickers' and fruit-pickers' lodgings, *Bridge-Blean Rural*, *Eastry Rural*. Nursing-homes, *Chislehurst and Sidcup Urban*, *Sevenoaks Urban*. Common lodging-houses, *Ashford Urban* (revised). Houses-let-in-lodgings, *Ashford Urban* (revised), *Bromley Borough* (to come into force in 1937). Nuisance from smoke-emission, *Chislehurst and Sidcup Urban* (to come into force in 1937).

Various bye-laws are said to be needed, as follows :—Smoke abatement, *Erith Urban*. Keeping of animals, *Maidstone Rural*. Revisions of the building bye-laws, *East Ashford Rural*, *Romney Marsh Rural*.

In *Margate Borough*, "new bye-laws are required, to replace those which are no longer in operation by reason of the provisions of the Kent Revision Order."

In *Malling Rural*, "it is hoped that the general application of the Public Health Act of 1936 will obviate the inconsistencies which have so often arisen, and aggravated the difficulties of administration in a rural district."



## Section B

### PREVENTION OF BLINDNESS.

The ministry of Health requests that particulars should be given, in the Annual Report of the Medical Officer of Health, of any action taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

A scheme was drawn up by the County Council, and received the consent of the Ministry of Health in June, 1935. The scheme provides for the County Council to :—

(1) Arrange for the ascertainment, through a system of voluntary notification to the County Council by medical practitioners or otherwise, of persons threatened with blindness and in respect of each such notification may pay the sum of 2s. 6d. or such other sum as it may from time to time determine Provided that only one payment may be made in respect of any one person and Provided Also that no payment shall be made to any person or body who is required by any statutory enactment or Regulations for the time being in force or by any terms of service or otherwise to give the notification.

(2) Arrange for the supervision of persons ascertained to be threatened with blindness whether they are receiving treatment or not and without restricting the generality of this clause may arrange for and bear or contribute towards the cost of any training necessary to ensure that suitable persons are available efficiently to carry out such supervision in the County.

(3) Provide means to enable suitable cases to take advantage of facilities for treatment, including the provision of financial assistance for that purpose.

(4) Provide or arrange for the provision of treatment for the prevention of blindness to persons ordinarily resident within the County at (a) premises provided equipped and/or staffed by the County Council (b) Hospitals either as in-patients or out-patients (c) clinics and (d) other approved places. Without restricting the generality of this clause "treatment" shall be understood to include (a) treatment for the prevention of blindness due to injury as well as to disease (b) the provision of spectacles.

(5) Disseminate or arrange for the dissemination of information regarding the prevention of blindness including the issue and distribution of literature having this object.

(6) Agree with any person for him to contribute the whole or part of the cost of any treatment given under this Scheme.

GENERALLY.

(7) In the carrying out of this Scheme and without restricting the generality of the foregoing clauses the County Council may do all such other acts and things as are incidental or conducive to the attainment of the objects of such Scheme.

In view of the fact that the first part of the scheme (the only part in force at present) was in operation for only part of the year 1935, it was decided to reserve comment until the present report, when roughly eighteen months would have elapsed. As I pointed out in my last report, the system of ascertainment and payment, referred to in the first clause, was thought to be the first of its kind ; and the extent of response would be a matter of particular interest.

Up to the end of 1936, twenty-one cases had been notified.

### INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

My Annual Report for 1930 contained a list of the institutions provided by, or partly used by, the Kent County Council, for the accommodation of mentally defective cases, and variations in that list have been reported in succeeding Annual Reports. During 1936, arrangements were made for the reception of Kent patients at the following institutions :—

Hermitage Training Home, Fairwarp.  
St. Joseph's Home, Sudbury.

On December 31st, 1936, there were 1,000 Kent cases being maintained in Certified Institutions and Approved Homes—460 males and 540 females.

## Section C

### MATERNITY AND CHILD WELFARE.

The County Council is responsible for the Administration of the Notification of Births Acts, 1907–1915 ; the Midwives Acts, 1902–1936 ; the Nursing Homes Registration Act, 1927 ; the Maternity and Child Welfare Act, 1918 ; and Part I of the Children Act 1908 (as amended by the Children and Young Persons Act, 1932), and the following is a short resumé of the activities under the various headings, in the above order.

The main aim and object of the Maternity and Child Welfare Service is to reduce the infant mortality rate and the maternal death-rate, and for the year 1936 these rates (in the County Maternity and Child Welfare area) were :—Infantile Mortality 50·01 : and Maternal Mortality 2·41.

NOTIFICATION OF BIRTHS ACTS, 1907–15.—These Acts are administered by the County Council in the following districts, which constitute the area covered by the County Maternity and Child Welfare Scheme, the population in 1936 being 458,880.

Boroughs—Deal, Faversham, Hythe, Lydd, New Romney, Queenborough, Sandwich, Tenterden.

Urban Districts—Broadstairs, Chislehurst and Sidcup, Herne Bay, Orpington, Southborough, Swanscombe, Tonbridge and Whitstable.

Rural Districts—Ashford East, Ashford West, Bridge-Blean, Cranbrook, Dover, Eastry, Elham, Hollingbourn, Maidstone, Malling, Romney Marsh, Sevenoaks, Sheppey, Strood, Swale and Tenterden.

The general supervision of this work and the work done by all health visitors and part-time nurses on the staff, is carried out by the Assistant Medical Officer for Maternity and Child Welfare, who is also Medical Supervisor of Midwives.

There are 34 whole-time health visitors whose duties include health visiting, infant life protection visiting, school nursing and tuberculosis visiting, and attendance at the various welfare centres and clinics pertaining to these services. Fifteen district nurses also act as part-time health visitors.

The names of the part-time nurses and the districts in which they work are shown below :—

Nurse Carpenter, Chislehurst	...	...	Part of Chislehurst and Sidcup U.D.
Nurse Collins, Biggin Hill	...	...	} Parts of Orpington U.D.
Nurse Mortimer, Downe	...	...	
Nurse Bhat, Farnborough	...	...	
Nurse Heugh, Orpington	...	...	
Nurse Thornton, Chilham	...	...	} 6 Parishes in East Ashford R.D.
Nurse Foster, Wye	...	...	
Nurse Bathgate, Kennington	...	...	
Nurse Callard, Edenbridge	...	...	} 6 Parishes and parts of 2 Parishes in Sevenoaks R.D.
Nurse Hills, Markbeech	...	...	
Nurse Taylor, Weald	...	...	
Nurse Christian, Leigh	...	...	
Nurse Holloway, Shoreham	...	...	
Nurse Lister, Penshurst	...	...	
Nurse Nash, Langton Green	...	...	

The services of the fifteen part-time nurses will be replaced in the near future by whole-time health visitors in order to unify the service.

TABLE 8  
HEALTH VISITING IN COUNTY AREA DURING 1936

Area at December 31st, 1936.	Health Visitor.	Acreage.	Estimated Population 1936.	Estimated No. of Births, 1936.	No. of Visits paid.			Births notified by			Com- plaints dealt with.	
					First (to Infants).	Subsequent and Special. (Mothers and babies).	Fruitless.	Doctors.	Midwives.	Institutions, etc.	Housing.	Other.
Tenterden B. .. .. Tenterden R. .. .. (7 parishes) West Ashford R. .. .. (1 parish) Cranbrook R. .. .. (3 parishes)	Miss Blackmore .. S.R.N. (FEVER & T.B.)	60,217	13,353	156	187	1,655	88	83	103	1	1	1
East Ashford R. .. .. (6 parishes) West Ashford R. .. .. (10 parishes)	Miss Bright .. .. S.R.N. (GEN. & FEVER) S.C.M., Q.V.J.I. (DIST. TR.)	43,294	9,161	121	134	2,749	—	55	79	—	—	—
Eastry R. .. .. (7 parishes) Sandwich B. .. ..	Mrs. Cheesman .. S.R.N. (M. & S.) Q.V.J.I. (DIST. TR.)	23,935	12,229	201	135	1,312	38	30	103	2	1	1
Deal B. .. ..	Miss Dean .. .. S.R.N., S.C.M., H.V. CERT.	2,903	23,100	400	438	1,909	515	74	353	11	5	—
Faversham B. .. .. Whitstable U. .. ..	Mrs. Edwards .. .. S.C.M., DISTRICT TRAINING	10,652	27,610	316	154	1,512	32	—	150	4	—	—
Lydd B. .. .. New Romney B. .. .. East Ashford R. .. .. (5 parishes) Tenterden R. .. .. (2 parishes) Romney Marsh R... ..	Miss Hall .. .. S.C.M., GEN. TR., H.V. CERT.	63,124	10,147	141	42	871	4	15	22	5	—	—
Dover R. .. .. (9 parishes) Elham R. .. .. (6 parishes)	Miss Harvey .. .. S.R.N., S.C.M., CERT R.S.I. (S.I.) Q.V.J.I. (DIST. TR.)	30,075	7,043	95	96	1,390	19	21	64	11	1	1
Maidstone R. .. .. (9 parishes & part of 1 parish) Malling R. .. .. (1 parish)	Miss Herd .. .. S.R.N., S.C.M., H.V. CERT.	18,039	9,397	142	79	974	86	31	34	14	2	—
Swale R. .. .. (7 parishes)	Miss Holmes .. .. S.C.M., H.V. CERT.	13,573	4,613	65	47	238	3	11	31	5	—	—
Hythe B. .. .. East Ashford R. .. .. (4 parishes) Bridge-Blean R. .. .. (1 parish) Elham R. .. .. (11 parishes)	Mrs. Hopwood .. .. S.R.N. (GEN. FEVER & T.B.), S.C.M., CERT. R.S.I. (S.I.).	38,746	16,356	213	50	1,258	157	11	33	6	—	1
Bridge-Blean R. .. .. (8 parishes) Dover R. .. .. (1 parish) Eastry R. .. .. (2 parishes)	Miss Jervis .. .. S.C.M., H.V. CERT.	26,126	9,818	159	132	1,111	16	1	131	—	1	3
Hollingbourn R. .. .. (2 parishes) Malling R. .. .. (2 parishes)	Miss Johnson .. .. GEN. TR., S.C.M.	12,234	6,181	87	107	1,274	57	21	86	—	5	—
Strood R. .. .. (6 parishes)	Miss Levine .. .. S.C.M., CERT. R.S.I., H.V. CERT.	17,611	6,249	87	106	1,451	78	21	81	4	4	—
Strood R. .. .. (10 parishes)	Miss Maxted .. .. S.R.N., S.C.M., H.V. CERT.	31,200	10,691	149	149	2,346	138	30	101	18	1	1
Malling R. .. .. (10 parishes)	Miss Milner .. .. S.R.N., S.C.M., H.V. CERT.	16,364	12,749	183	226	1,820	61	64	154	8	11	4
Broadstairs U. .. .. Eastry R. .. .. (1 parish)	Mrs. Morris .. .. S.C.M.	6,326	13,985	135	136	1,225	3	74	59	3	—	—
Dover R. .. .. (6 parishes) Eastry R. .. .. (7 parishes)	Miss Nugent .. .. GEN. TR., S.R.N., S.C.M.	25,084	10,440	156	145	2,284	—	25	119	1	—	—



TABLE 8—*Contd.*

Area at December 31st, 1936.	Health Visitor.	Acreage.	Estimated Population 1936.	Estimated No. of Births, 1936.	No. of Visits paid.			Births notified by			Com- plaints dealt with.	
					First, (to Infants).	Subsequent and Special. (Mothers and babies).	Fruitless.	Doctors.	Midwives.	Institutions, etc.	Housing.	Other.
Hollingbourn R. .. .. } (13 parishes) Maidstone R. .. .. } (3 parishes)	Miss Palmer .. .. GEN. TR., S.R.N., S.C.M.	43,411	13,845	189	223	4,631	48	62	143	18	10	—
Cranbrook R. .. .. } (3 parishes) Maidstone R. .. .. } (1 parish & part of 1 parish)	Mrs. Saunders .. .. S.R.N., S.C.M., GEN. TR.	40,338	14,216	172	131	1,154	95	44	86	1	1	—
Swanscombe U. .. ..	Miss Saville .. .. S.R.N., S.C.M., H.V. CERT., (HONS.)	2,142	8,394	102	103	1,928	138	29	50	24	7	1
Southborough U. .. .. } Sevenoaks R. .. .. } (parts of 3 parishes)	Miss Stanford .. .. S.C.M., SILVER MEDAL, GEN. DIST. TR., APOTHECARIES HALL CERT. FOR DISPENSING.	6,906	9,716	132	131	2,258	157	72	59	—	4	1
Malling R. .. .. } (6 parishes) Sevenoaks R. .. .. } (2 parishes & part of 1 parish)	Mrs. Stokes .. .. S.C.M., DIST. TR.	19,408	10,633	161	177	3,094	255	33	125	19	—	8
Tonbridge U. .. .. } (North of River) Malling R. .. .. } (3 parishes)	Miss Tibbitts .. .. S.R.N., S.C.M., H.V. CERT.	9,225	11,558	143	158	1,619	113	30	91	37	1	1
Malling R. .. .. } (2 parishes) Swale R. .. .. } (1 parish) Hollingbourn R. .. .. } (2 parishes)	Mrs. Taylor .. .. GEN. TR. H.V. CERT.	8,304	3,659	47	73	687	169	13	47	13	1	—
Swale R. .. .. } (16 parishes) Bridge-Blean R. .. .. } (1 parish) Hollingbourn R. .. .. } (1 parish)	Miss Turnell .. .. S.R.N., GEN. TR., S.C.M.	33,949	7,804	117	116	2,035	190	9	107	—	11	3
Herne Bay U. .. .. } Bridge-Blean R. .. .. } (3 parishes)	Miss Tustain .. .. S.C.M.	17,249	19,087	197	186	1,289	1	11	175	—	3	—
Queenborough B. .. .. } Sheppey R. .. .. }	Miss Wigby .. .. GEN. TR., S.C.M., H.V. CERT.	21,422	10,453	166	126	1,428	3	35	84	7	—	—
Hollingbourn R. .. .. } (5 parishes) Swale R. .. .. } (13 parishes)	Miss Willey .. .. S.R.N., S.C.M., H.V. CERT.	23,344	6,657	93	58	912	138	13	44	1	4	—
Tonbridge U. .. .. } (South of River)	Miss Workman .. .. S.C.M., GEN. TR., S.R.N., Q.V.J.I. (DIST. TR.).	2,300	8,815	105	101	1,703	269	42	52	7	1	—
Bridge-Blean R. .. .. } (12 parishes) Eastry R. .. .. } (4 parishes)	Miss Worthington .. .. GEN. TR., Q.V.J.I., (DIST. TR.), S.C.M.	29,479	11,587	191	138	1,520	87	36	102	—	5	2
E. Asbford R. .. .. } (6 parishes)	3 Local Nurses .. ..	19,618	3,783	57	67	1,100	—	41	26	—	—	—
Chislehurst & Sidcup U. .. Orpington U. .. .. Sevenoaks R. .. .. (12 parishes & parts of 4 parishes)	Miss Lyle .. .. S.C.M., H.V. & R.S.I. CERTS., INFANTS' HOSP. TR.	80,634	11,551	1,974	355	1,707	98	38	231	86	—	—
	Miss Poxon .. .. S.C.M., CERT. R.S.I., GEN. TR., CERT. T.B. TR.				291	3,657	131	86	103	102	—	—
	Miss Tily .. .. S.C.M., S.R.N., GEN. TR., H.V. CERT.				208	568	167	27	162	19	1	2
	Miss Watt .. .. S.C.M., S.R.N., CERTS. R.S.I. & L.G.B. SCOTLAND (FEVER) Q.V.J.I. (DIST. TR.)				112	2,928	27	3	109	—	—	—
	Mrs. Carpenter .. .. S.C.M., GEN. TR.				94	789	118	27	22	45	—	—
	12 Local Nurses .. .. ALL S.C.M.'S				424	6,138	239	92	190	142	—	—
Totals .. ..		797,132	458,880	6,652	5,635	66,524	3,738	1,310	3,711	614	81	30

**HOME VISITING BY HEALTH VISITORS:—**Visits to children under one year of age commence when the midwife ceases attending on the fourteenth day, and are continued every succeeding two months. During the second year children are visited, as far as possible, every quarter, and then twice yearly during the third, fourth, and fifth years.

Table 8. shows details of health visiting in the various areas throughout the County area in 1936, and it will be seen that 75,897 home visits were paid, as compared with 70,455 in 1935, and 77,198 in 1934. The work done by the Health Visitors is of a very high standard of efficiency.

In addition to routine visits paid by health visitors, children are very often seen when visits are paid by the nurses in their capacity as school nurses, tuberculosis nurses and infant life protection visitors.

**THE MIDWIVES ACTS, 1902 and 1936.**—The following districts (where there are insufficient cases for an adequate livelihood for a midwife) are served by subsidized midwives, who receive either a guaranteed minimum annual income of £120 or a fixed annual grant:—Appledore and district; Aylesford and district; Boxley and district; Charing; Chelsfield; Chevening, Dunton Green, Ide Hill and Toys Hill; East Malling; Elvington; Hadlow and district; Halling and district; Hoo, Hoo St. Mary, and High Halstow; Kemsing and district; Loose and district; Petts Wood (Orpington); Selling and district; Snodland; Stoke, All-hallows and Grain; Tenterden and district; Wouldham and Burham.

Grants, as shown below, were made during the year to newly formed nursing associations or established associations in danger of lapsing through lack of funds:—

Mottingham D.N.A.	£20.
Southfleet D.N.A.	£35.

Financial assistance is given towards the provision of a motor-car or telephone or both for midwives in certain sparsely populated districts, so that a wider area may be covered, and there is a guarantee to midwives of the usual confinement fee (not exceeding two guineas) where women are unable to afford such fee.

**TRAINING AND SUPPLY OF MIDWIVES.**—Twelve claims for grants were received from the Kent County Nursing Association during the year in respect of the provision of trained midwives.

TABLE 9

**SUPERVISION OF MIDWIVES.**—The following table shows the districts where the Midwives Acts are administered by the County Council, and the number of midwives practising therein at the end of 1936:—

District.	Trained	Bona-fide	District.	Trained	Bona-fide	District.	Trained	Bona-fide
<b>Urban.</b>			<i>Urban (contd.)</i>			<b>Rural.</b>		
Ashford ... ..	9	—	New Romney ... ..	1	—	Ashford, East ... ..	4	—
Beckenham ... ..	21	—	Northfleet ... ..	3	—	Ashford, West ... ..	8	—
Bexley... ..	33	—	Orpington ... ..	12	1	Bridge-Blean ... ..	11	—
Broadstairs and St.			Penge ... ..	5	—	Cranbrook ... ..	4	—
Peter's ... ..	6	—	Queenborough ... ..	1	—	Dartford ... ..	10	—
Chatham ... ..	8	2	Ramsgate ... ..	13	—	Dover ... ..	6	—
Chislehurst and			Rochester ... ..	8	—	Eastry ... ..	10	—
Sidcup ... ..	19	—	Sandwich ... ..	2	—	Elham ... ..	10	—
Crayford ... ..	9	—	Sevenoaks ... ..	8	—	Hollingbourn ... ..	4	—
Dartford ... ..	9	—	Sheerness ... ..	3	—	Maidstone ... ..	10	—
Deal ... ..	9	—	Sittingbourne and			Malling ... ..	17	—
Dover ... ..	12	—	Milton ... ..	5	—	Romney Marsh ... ..	1	—
Erith ... ..	11	—	Southborough ... ..	5	—	Sevenoaks ... ..	14	—
Faversham ... ..	8	—	Swanscombe ... ..	1	—	Sheppey ... ..	11	—
Folkestone ... ..	12	—	Tenterden ... ..	3	—	Strood ... ..	9	—
Gravesend ... ..	11	—	Tonbridge ... ..	2	—	Swale ... ..	9	—
Herne Bay ... ..	5	—	Tunbridge Wells ... ..	9	—	Tenterden ... ..	4	—
Hythe ... ..	4	—	Whitstable ... ..	5	—	Tonbridge ... ..	13	—
Lydd... ..	2	—						
Maidstone ... ..	11	—						
Margate ... ..	6	—						
				291	3	Rural ... ..	155	—
						Urban ... ..	291	3
						Totals ... ..	446	3
								449

In Bromley and Gillingham Boroughs, the Midwives Acts are administered by the respective Town Councils.

WORK OF MIDWIVES.—The following tabulation shows various details respecting numbers of midwives, notifications received, etc., during the first two years of county administration, and each of the last five years :—

	1909 (from May 1).	1910.	1932.	1933.	1934.	1935.	1936. South and East and North Miss Berry. Miss Sanders. Total.		
Number of Midwives practising in the County on January 1st ...	351	361	330	342	375	398	189	248	437
Removed during year ...	16	15	45	46	85	60	22	58	80
Died „ ...	6	8	3	1	—	3	2	5	7
Resigned during year ...	7	13	—	1	—	2	—	1	1
Certificates cancelled by Central Mid- wives Board during the year ...	—	8	—	—	—	—	—	—	—
Number of additional Midwives who notified their intention to practise in the County during the year ...	39	24	60	81	108	104	38	62	100
Number of Midwives practising on December 31st ...	361	341	342	375	398	437	203	246	449†
Number of Midwives censured and cau- tioned by the Central Midwives Board strictly to observe the Rules ...	—	3	—	—	—	—	—	—	—
Number of Midwives prosecuted for not notifying their intention to practise	—	1	—	—	—	—	—	—	—
Uncertified women prosecuted for practising as Midwives, etc. ...	—	4	—	—	1	—	—	—	—
Numbers of Notifications, Inspections, etc. :—									
Stillbirths ...	138	222	143	174	148	143	76	105	181
Deaths {Mother ...	2	2	3	8	3	9	2	2	4
{Child ...	22	26	31	37	50	37	22	28	50
Medical {Mother ...	264	533	1,775	1,806	2,106	1,728	1099	1,214	2,313
Help {Child ...	80	161	397	356	385	325	209	207	416
Notifications of having laid out a dead body ...	—	—	89	93	101	49	40	36	76
Notifications of liability to be a source of infection ...	—	—	43	74	90	92	46	47	93
Notifications of having advised artificial feeding ...	—	—	64	42	96	59	54	79	133
Total Visits paid by Supervisors ...	1,487	2,255	1,282	1,379	1,363	1,761	893	1,106	1,999
Inspections of Bona-fide Midwives ...	449	710	14	10	6	4	—	4	4
Inspections of Trained Midwives ...	197	359	709	738	810	801	448	384	832

† Of these midwives 446 were trained as compared with 115 trained in 1909.

From enquiries made of each midwife, it has been ascertained that out of a total number of 17,822 births registered in the county midwifery area during the year 1936, 9,750 births were attended by midwives alone.

The following figures give details of the varying numbers of cases attended solely by midwives.

\*256 midwives attended 25 cases or less

68 " " 26 to 50 cases.

28 " " 51 to 75 "

19 " " 76 to 100 "

5 " " 101 to 125 "

3 " " 126 to 150 "

1 " " 151 to 175 "

2 " " more than 176 cases.

\*Of this number, 161 were either district nurses, midwives working in Institutions and Hospitals, or midwives who had commenced practising during the year.



## SUMMARY OF REASONS FOR SENDING FOR MEDICAL HELP, 1936 :—

				South and East Kent	North and West Kent	Whole County
Abnormal Presentation	...	...	...	34	76	110
Abortion	...	...	...	45	41	86
Ante-partum hæmorrhage...	...	...	...	77	51	128
Obstructed or Delayed Labour	...	...	...	253	207	460
Post-partum hæmorrhage	...	...	...	22	31	53
Rise of Temperature	...	...	...	48	52	100
Retained placenta	...	...	...	22	36	58
Torn perineum	...	...	...	284	447	731
Ante-natal	...	...	...	222	161	383
Uterine inertia	...	...	...	15	26	41
Miscellaneous	...	...	...	77	86	163
Totals	...	...	...	1099	1214	2313

(b) For the child :—

				South and East Kent	North and West Kent	Whole County
Prematurity and feebleness	...	...	...	73	90	163
Deformities	...	...	...	18	15	33
Inflammation of the eyes	...	...	...	59	62	121
Skin eruptions	...	...	...	5	7	12
Miscellaneous	...	...	...	54	33	87
Totals	...	...	...	209	207	416

SUSPENSION FROM PRACTISE TO PREVENT SPREAD OF INFECTION.—During the year eighty-seven midwives were suspended from practise for varying periods, to prevent the spread of infection.

Twelve applications from midwives for compensation for loss during periods of suspension were received during the year, the total amount paid being £20 12s. 0d.

PUERPERAL PYREXIA, PUERPERAL FEVER AND OPHTHALMIA NEONATORUM.—Tables 4 and 5 show the number of cases of these diseases which were notified during the year. Those cases occurring in the practice of midwives are investigated in the ordinary course by the two Inspectors. See pages 73–74 for particulars of notifications, facilities for treatment, etc.

PAYMENT OF DOCTORS CALLED IN BY MIDWIVES (SECTION 14 OF THE MIDWIVES ACT, 1918).—1,942 claims were received from doctors during the year. The payments amounted to £2,815, £1,272 of which was recovered from patients in a position to refund the fee.

INSPECTION OF MIDWIVES.—There are 449 midwives practising in the county area and these are inspected by two whole time Supervisors of Midwives. The work done by these Supervisors is in turn under surveillance by the Assistant Medical Officer for Maternity and Child Welfare, who reports weekly to the County Medical Officer of Health upon the work done in this respect throughout the whole County.

ANNUAL POST-CERTIFICATE COURSE FOR MIDWIVES AND HEALTH VISITORS.—This course of lectures and demonstrations was held at the Sessions House, Maidstone, from 5th October to 9th October, 1936, and the Syllabus was as follows :—

“The New Central Midwives Board Rules,” by Sister Nancy, Nursing Sister of St. John the Divine.

"Prevention of Instrumental Delivery," by \*Dame Louise McIlroy, LL.D., M.D., D.Sc. (Glasgow), D.Sc. (London), D.Sc. (Honorary, Belfast), F.C.O.G., M.R.C.P.

"Toxaemia of Pregnancy," by \*L. C. Rivett, Esq., M.A., M.C., F.R.C.S., L.R.C.P., M.C.O.G.

"Dietary of the Expectant and Nursing Mother," by Dr. Margaret Lowenfeld.

"Ante and Post Natal Haemorrhage," by \*R. A. Brews, Esq., M.S., M.D., F.R.C.S., M.R.C.P., M.C.O.G.

"Disabilities of the Ante-Natal Period," by V. B. Green-Armytage, Esq., M.D., Ch.B., F.R.C.P., M.R.C.S., F.C.O.G.

"Physiology of Menstruation and Menopause," by \*R. Christie Brown, Esq., M.B., M.S., F.R.C.S., L.R.C.P., M.C.O.G.

"The Pains of Labour," by G. Dick Read, Esq., M.A., M.D., B.Ch., M.R.C.S., L.R.C.P.

"Ante and Post Natal Care," by \*C. H. Bell, Esq., M.B., B.S., F.R.C.S., M.C.O.G.

"Mental Health of the Mother during pregnancy, labour and the puerperium," by H. Yellowlees, Esq., O.B.E., M.D., Ch.B., F.R.C.P.S., F.R.C.P., D.P.M.

An asterisk denotes that demonstrations of the examinations required during the ante-natal period and at the onset of labour, were given prior to the lectures. These demonstrations included abdominal palpations, auscultations for foetal heart sounds, external measurements, the dosage and method of administration of drugs which may be used during labour, and other points of practical interest.

Visits were paid by parties of midwives to the County Bacteriological Laboratory, where lectures and demonstrations were given by the Senior Pathologist and by the Assistant Medical Officer for Maternity and Child Welfare. The use of masks for midwifery cases was advocated and specimens were supplied to midwives attending. Demonstrations of remedial exercises suitable for expectant and nursing mothers, were given by the Sister in Charge, Massage Department, St. Thomas's Hospital, London.

278 individual practising midwives, and the majority of the County Health Visitors, attended part or all of the Course and the total attendances were 2,288. The corresponding figures for 1935 were 231 and 2,014 respectively.

This course has proved an invaluable aid to midwives and health visitors alike enabling them to keep up-to-date in their work and has been much appreciated.

**THE MIDWIVES ACT, 1936.**—This measure became law on 31st July, 1936, and is an important step in the improvement of the maternity services and in the campaign for reducing maternal mortality.

The Act provides for the establishment by local supervising authorities of a salaried midwifery service; the payment by those authorities of compensation to midwives who voluntarily retire from practice and to those who are required to retire owing to old age or infirmity; the payment by the Exchequer of grants towards the cost of the new service, and towards the amounts expended in compensation; the prohibition of maternity nursing by unqualified persons in any area, by order of the Minister of Health as soon as he is satisfied that the new service in that area is adequate; and periodical attendance at residential post-certificate courses by all practising midwives.

It will be seen that the whole status of the midwifery profession will be raised by providing adequate salaries and secure prospects for those midwives who enter the new service, and by compensating those who retire within a specified period and so reducing the present overcrowding in the ranks of the profession.

The County Council, after consultation with the representatives of various specified bodies interested in the work, were required to submit to the Minister of Health, within six months of the passing of the Act, their proposals for the area in which they administer the Midwives Acts, and to carry such proposals, as altered in accordance with any directions given by the Minister, into effect within a period of twelve months from the commencement of the Act. The proposals were duly submitted to the Minister of Health and I will report fully on this matter in my next report.

NURSING HOMES REGISTRATION ACT, 1927 (including Maternity Homes).—The County Council has delegated its powers and duties under this Act to the following thirty-one Local Sanitary Authorities in the county:—

*Boroughs.*—Beckenham, Bromley, Chatham, Dover, Folkestone, Gillingham, Gravesend, Margate, Queenborough, Ramsgate, Rochester City, Tenterden and Tunbridge Wells.

*Urban Districts.*—Ashford, Broadstairs, Chislehurst and Sidcup, Erith, Orpington, Herne Bay, Sevenoaks, Sheerness, Sittingbourne and Milton, Southborough and Tonbridge.

*Rural Districts.*—Ashford East, Ashford West, Cranbrook, Maidstone, Sevenoaks, Sheppey and Tonbridge.

In the areas of these autonomous authorities there are about 175 nursing homes registered, having about 200 maternity beds and over 700 "other" beds.

In the remaining twenty-five sanitary districts, as below, the Act is administered by the County Council:—

*Boroughs.*—Deal, Faversham, Hythe, Lydd, Maidstone, New Romney and Sandwich.

*Urban Districts.*—Bexley, Crayford, Dartford, Northfleet, Penge, Swanscombe and Whitstable.

*Rural Districts.*—Bridge-Blean, Dartford, Dover, Eastry, Elham, Hollingbourn, Malling, Romney Marsh, Strood, Swale and Tenterden.

At the end of the year there were fifty seven Nursing Homes in the County Area registered by the Kent County Council.

The following shows the number of homes under each heading:—

Homes for maternity cases only	...	...	...	...	...	18
„ „ other cases only	...	...	...	...	...	19
„ „ maternity and other cases	...	...	...	...	...	20

The following statistics relate to registrations during the year:—

					Maternity Homes.	"Other" Homes.	Maternity and "Other" Homes.
Number of applications for registration	...	...	...	...	4	7	3
„ „ homes registered	...	...	...	...	4	7	3
„ „ orders made, refusing or cancelling registration	...	...	...	...	—	—	—
„ „ appeals against such orders	...	...	...	...	—	—	—
„ „ applications for exemption from registration (including renewals)	...	...	...	...	—	7	2
Number granted	...	...	...	...	—	7	2

Certificates were cancelled in thirteen cases as the premises which had been registered as nursing homes were no longer used as such, or had been subsequently exempted from registration.

Legal proceedings were instituted against the proprietor of a nursing home for carrying on a nursing home without the address being duly registered, and a fine of £2 was imposed.

Registers of cases, copies of bye-laws, etc., have been supplied to the keepers of all homes which have been registered and the homes are supervised by the Assistant County Medical Officer for Maternity and Child Welfare.

The maximum number of beds used by patients in each nursing home is fixed by the Council after the home has been inspected and reported upon by the above mentioned Medical Officer.



TABLE 10

## MATERNITY AND CHILD WELFARE CENTRES IN COUNTY AREA 1936

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
APPLEDORE Village Hall	3rd Friday	Dr. Ticehurst (Monthly)	Miss Blackmore	12	52	139	8	24	—
ASH-next-SANDWICH Congregational Church Rooms	1st & 3rd Thursdays	Dr. McCall-Smith (Fortnightly)	Mrs. Cheesman	24	143	328	16	44	6
AYLESHAM Glynn Vivien Mission Room	Each Monday	Dr. Bellamy (Weekly)	Miss Jervis	49	858	682	72	118	4
BARHAM The Hall	Alternate Wednesdays	Dr. Twomey (Fortnightly)	Miss Jervis	25	202	320	11	44	3
BEARSTED Women's Institute	2nd & 4th Fridays	Dr. Collins (Fortnightly)	Miss Palmer	23	234	359	24	38	4
BIDDENDEN The Institute	2nd & 4th Tuesdays	Dr. Hardwick (Fortnightly)	Miss Sharpe	25	112	234	10	32	1
(a) BILSINGTON The Institute	2nd and 4th Wednesdays	Dr. Goodman (Monthly)	Miss Hall	20	57	107	9	33	—
(b) BORDEN Parish Hall	Alternate Tuesdays	Dr. Chalmers (Monthly)	Miss Willy	19	108	88	14	20	—
BOROUGH GREEN Western Hall	Each Thursday	Dr. Bolton (Fortnightly)	Miss Brown	53	1004	894	41	125	6
BOUGHTON BLEAN Church Hall	Alternate Wednesdays	Dr. Kennedy (Fortnightly)	Miss Turnell	25	251	502	22	53	7
BOUGHTON MONCHELSEA Village Hall	Alternate Tuesdays	Dr. Smith (Monthly)	Miss Palmer	24	144	283	5	39	5
BRABOURNE Village Hall	Each Monday	Dr. Brade-Birks (Fortnightly)	Miss Daw	39	328	957	18	79	4
BRASTED & SUNDRIDGE Sundridge Parish Hall	1st and 3rd Tuesdays	Dr. Ward (Monthly)	Miss Watt	23	185	222	15	30	4
BURHAM The Windmill	Alternate Wednesdays	Dr. Richmond (Monthly)	Mrs. Taylor	23	375	488	18	53	4
CHART SUTTON Village Hall	Alternate Wednesdays	Dr. Smith (Monthly)	Miss Palmer	24	83	232	4	48	6
CHELSEFIELD Reading Room	1st and 3rd Tuesdays	Dr. Peacock (Monthly)	Miss Jobson	24	238	275	17	49	2
(c) CHILHAM Mission Hall, Chilham Lees	1st and 3rd Tuesdays	Dr. Fennell (Monthly)	District Nurse	24	128	116	8	20	—
CHISLEHURST Hornbrook Social Institute	Each Thursday	Dr. Tallent (Fortnightly)	District Nurse	51	1652	638	70	121	5
CLIFFE-AT-HOO Men's Social Club	Each Tuesday	Dr. Rogers (Fortnightly)	Miss Maxted	51	607	723	39	85	9
COLLIER ST. (MARDEN) Red Triangle Club	Alternate Fridays	Dr. Adam (Fortnightly)	Miss Sharpe	24	140	385	13	36	2
CRANBROOK Bull Rooms	1st and 3rd Fridays	Dr. Falconer-Gough (Fortnightly)	Mrs. Saunders	24	292	557	25	80	10
CUDHAM Village Hall	2nd and 4th Tuesdays	Dr. Christieson (Fortnightly)	Miss Jobson	24	90	186	5	21	4
CUDHAM (BIGGIN HILL) Big Teapot Pavilion	Each Tuesday	Dr. Pease (Fortnightly)	District Nurse	51	715	406	29	95	5
CUXTON National School Rooms	Alternate Thursdays	Dr. Edwards (Monthly)	Miss Levine	26	222	223	13	46	1
DEAL Victoria Baptist Church Rooms	Each Friday	Dr. Lane (Fortnightly)	Miss Dean	52	1963	1290	95	195	10
DEAL (MILL HILL) Glynn Vivien Mission, Mill Road	Each Tuesday	Dr. Lane (Fortnightly)	Miss Dean	52	1448	760	94	180	11
DOWNE Gospel Hall	1st and 3rd Tuesdays	Dr. Douse (Monthly)	District Nurse	24	60	217	9	28	—
DUNTON GREEN Village Hall	2nd and 4th Wednesdays	Dr. McNaughton-Jones (Fortnightly)	Mrs. Stokes	24	265	470	34	63	5
EASTCHURCH Women's Institute	Alternate Wednesdays	Dr. Hicks (Fortnightly)	Miss Wigby	26	267	330	33	32	2
(d) EAST FARLEIGH Women's Institute	1st and 3rd Wednesdays	Dr. Severn (Fortnightly)	Miss Herd	24	70	236	9	33	3
EAST PECKHAM Red Triangle Club	Alternate Tuesdays	Dr. Cotman (Fortnightly)	Miss Brown	27	257	273	12	46	3
EASTRY Public Assistance Institution	Alternate Mondays	Dr. Fraser (Fortnightly)	Miss Nugent	24	222	307	24	40	2

TABLE 10—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
EDENBRIDGE Church House	1st Friday	Dr. Berkeley (Monthly)	District Nurse	11	182	136	30	50	2
ELHAM Ex Service Men's Club	1st Tuesday	Dr. Twomey (Monthly)	Miss Harvey	12	76	175	11	33	—
ELVINGTON (EYTHORNE) Village Hall	Each Wednesday	Dr. Bellamy (Weekly)	Miss Nugent	53	639	717	36	67	2
FARNBORO' Parish Hall	Each Friday	Dr. Douse (Fortnightly)	District Nurse	52	551	446	35	84	5
FAVERSHAM Queen's Hall	Each Tuesday & Friday	Dr. Cannon (Weekly)	Mrs. Edwards	102	2937	2666	99	227	21
FOUR ELMS Village Hall	1st and 3rd Wednesdays	Dr. Brand (Monthly)	Miss Stanford	24	151	557	11	57	—
GOUDHURST Ex Service Men's Club	1st and 3rd Thursdays	Dr. Edwards (Fortnightly)	Mrs. Saunders	24	159	366	17	57	14
GT. MONGEHAM Village Hall	Alternate Fridays	Dr. Westlake (Fortnightly)	Miss Nugent	25	256	370	20	50	5
HALLING Working Men's Club	Alternate Wednesdays	Dr. Edwards (Monthly)	Miss Levine	26	251	353	25	46	4
HALSTED Village Hall	1st and 3rd Thursdays	Dr. Crawford (Monthly)	Mrs. Stokes	21	159	257	11	32	—
HAWKHURST Women's Institute	2nd and 4th Fridays	Dr. Cameron (Fortnightly)	Mrs. Saunders	22	266	550	26	54	9
HAWKINGE R.A.F. Station	Alternate Thursdays	Dr. Mitcheson (Monthly)	Miss Harvey	12	212	435	40	86	—
HEADCORN Church Schools	1st and 3rd Thursdays	Dr. Hardwick (Fortnightly)	Miss Sharpe	23	259	484	24	50	8
HERNE The Institute	Alternate Fridays	Dr. Evans (Fortnightly)	Miss Tustain	26	211	367	9	46	7
HERNE BAY Parochial Institute	Each Monday & Tuesday	Dr. Evans (Weekly)	Miss Tustain	76	1452	2683	52	201	14
HERSDEN Wesleyan Rooms	Each Wednesday	Dr. Evans (Fortnightly)	Miss Tustain	53	573	534	25	77	4
HOLLINGBOURN Parish Hall	3rd Friday	Dr. Collins (Monthly)	Miss Palmer	12	33	85	3	20	5
HOO Five Bells Inn	Each Wednesday	Dr. Wall (Fortnightly)	Miss Maxted	52	490	893	23	87	5
HUNTON Parish Hall	Alternate Thursdays	Dr. Hallam (Fortnightly)	Miss Herd	24	47	199	9	21	2
HYTHE Prospect Road	Each Thursday	Dr. Wolverson (Fortnightly)	Mrs. Hopwood	52	697	1410	43	143	18
HYTHE, PALMARSH Palmarsh Hall	1st and 3rd Wednesdays	Dr. Goodman (Fortnightly)	Mrs. Hopwood	24	67	129	17	32	—
KEMSING St. Ediths Hall	1st and 3rd Tuesdays	Dr. Walker (Fortnightly)	Mrs. Stokes	24	373	329	31	76	5
KILDOWN Parish Room	2nd and 4th Tuesdays	Dr. Edwards (Fortnightly)	Mrs. Saunders	22	87	108	4	10	4
LEEDS Parish Hall	1st Friday	Dr. Collins (Monthly)	Miss Palmer	13	115	109	12	40	10
LENHAM Lenham Institute	2nd and 4th Thursdays	Dr. Laird (Monthly)	Miss Palmer	23	344	654	50	64	12
LEYSDOWN Village Hall	Alternate Thursdays	Dr. de Lacy (Monthly)	Miss Wigby	27	93	131	2	14	1
LOOSE Vicar's Hall	2nd and 4th Tuesdays	Dr. Taylor (Fortnightly)	Miss Herd	24	307	367	20	52	2
(e) LYDD Old Sergeants Mess	1st and 3rd Tuesdays	Dr. Palmer (Fortnightly)	Miss Hall	18	116	277	12	49	6
LYMINGE New Church Hall	Alternate Fridays	Dr. Mitcheson (Monthly)	Miss Daw	25	181	467	12	42	4
MARDEN Church Schools	1st and 3rd Tuesdays	Dr. Newman (Fortnightly)	Miss Sharpe	24	188	478	29	51	4
MARKBEECH (HEVER) Village Hall	1st and 3rd Tuesdays	Dr. Wood (Monthly)	District Nurse	24	131	168	16	34	6
MINSTER (SHEPPEY) Liberty Hall	Alternate Wednesdays	Dr. Hills (Fortnightly)	Miss Willy	26	369	401	44	78	3
MINSTER, nr. RAMSGATE Parish Hall, Church St.	Alternate Tuesdays	Dr. Sharpe (Fortnightly)	Mrs. Cheesman	26	334	421	19	68	7
MOTTINGHAM Parish Hall	1st, 3rd & 5th Mondays	Dr. Power (Fortnightly)	Mrs. Bowman	28	524	488	50	135	1



TABLE 10—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
(f) NEWINGTON Women's Institute London Road	Alternate Tuesdays	Dr. Chalmers (Monthly)	Miss Willy	19	228	174	27	55	2
NEWNHAM Village Hall	Each Friday	Dr. Selby (Monthly)	Miss Turnell	51	282	714	11	50	11
ORPINGTON Methodist Hall	Each Tuesday	Dr. Ledger (Weekly)	District Nurse	51	2034	1121	280	68	1
OTFORD Memorial Hall	1st and 3rd Fridays	Dr. Walker (Fortnightly)	Mrs. Stokes	23	292	451	23	74	5
PLAXTOL Women's Institute	2nd and 4th Thursdays	Dr. Walker (Fortnightly)	District Nurse	24	74	214	3	39	—
QUEENBOROUGH Rear of Town Hall, Whiteways Rd.	Each Monday	Dr. Hills (Weekly)	Miss Wigby	49	666	852	35	96	—
RINGWOULD Village Hall	Alternate Fridays	Dr. Westlake (Fortnightly)	Miss Nugent	25	148	303	11	30	1
ROLVENDEN Church Room	1st and 3rd Tuesdays	Dr. Taylor-Jones (Fortnightly)	Miss Blackmore	24	139	310	16	35	2
SANDWICH St. Clements Hall	Each Friday	Dr. Jepps (Weekly)	Mrs. Cheesman	48	517	301	34	50	3
SELLINDGE Red Triangle Club	2nd and 4th Tuesdays	Dr. Garman (Fortnightly)	Miss Daw	24	100	325	6	50	8
SELLING Village Hall	Alternate Wednesdays	Dr. Kennedy (Fortnightly)	Miss Turnell	26	157	421	14	41	2
SHEPHERDSWELL St. Andrews Hall	Alternate Wednesdays	Dr. Bellamy (Fortnightly)	Miss Jervis	26	175	283	15	22	4
(g) SHORNE Village Hall	4th Friday	Dr. Wykes (Monthly)	Miss Maxted	11	33	109	6	22	2
SIDCUP 88 Baptist Church Hall	Each Tuesday Wednesday & Friday	Dr. Wood (Weekly)	Miss Lyle	114	7954	6418	305	832	37
SIDCUP 94 Congregational Hall	Each Thursday	Dr. Geddes (Weekly)	Miss Rothera	52	3231	1365	145	280	2
SNODLAND Malling Rd.	Each Wednesday	Dr. Cole (Weekly)	Miss Milner	52	748	1235	35	96	12
SOUTHBOROUGH St. John's Methodist Schoolroom	Each Friday	Dr. Pain (Weekly)	Miss Stanford	51	972	1218	45	118	—
SOUTHBOROUGH, HIGH BROOMS St. Matthews Parish Hall	Each Tuesday	Dr. Holloway (Fortnightly)	Miss Stanford	49	677	829	32	77	—
ST. MARY CRAY Village Hall	Each Wednesday	Dr. Grant (Fortnightly)	Miss Dobson	52	1795	1082	99	147	1
STANFORD Parish Room	2nd and 4th Wednesdays	Dr. Gould (Monthly)	Mrs. Hopwood	24	157	269	7	49	4
STANSTED The School	1st Friday	Dr. Bolton (Monthly)	Mrs. Stokes	12	37	97	4	19	—
STAPLEHURST Village Hall	1st and 3rd Wednesdays	Dr. McCabe (Fortnightly)	Miss Sharpe	24	222	614	26	64	5
STOKE British Legion Hall	1st Friday	Dr. Wall (Monthly)	Miss Maxted	12	54	110	9	20	6
STONE STREET St. Laurence Hall	2nd and 4th Fridays	Dr. Walker (Fortnightly)	Mrs. Stokes	22	58	210	2	19	3
STURRY Parish Room	2nd and 4th Thursdays	Dr. Ince (Fortnightly)	Miss Tustain	33	330	569	31	72	12
SUTTON VALENCE St. Mary's Parish Room	Alternate Wednesdays	Dr. Smith (Monthly)	Miss Palmer	24	84	273	7	46	2
SWANSCOMBE Swanscombe Club	Each Thursday	Dr. Stableforth (Fortnightly)	Miss Saville	52	1244	1670	35	135	18
SWANSCOMBE (GREEN-HITHE) British Legion Hall	Each Tuesday	Dr. Stableforth (Fortnightly)	Miss Saville	52	625	694	25	65	7
TENTERDEN Assembly Rooms	Alternate Thursdays	Dr. Taylor-Jones (Fortnightly)	Miss Blackmore	26	298	561	49	66	—
TEYNHAM St. John's Hut	Each Thursday	Dr. Selby (Fortnightly)	Miss Turnell	52	713	966	21	99	13
THROWLEY Y.M.C.A. Hut	1st and 3rd Mondays	Dr. Cannon (Monthly)	Miss Turnell	12	42	171	6	22	4
TONBRIDGE Cottage Hosp., Quarry Hill	Each Friday	Dr. Tucker (Weekly)	Miss Tibbitts	51	1863	2418	219	84	14



TABLE 10—*contd.*

Name and Address of Centre.	Present day of opening (at 2 p.m.).	Medical Officer and frequency of attendance.	Nurse in Charge. (Whole time Health Visitor unless otherwise stated).	No. of Openings.	Total * Attendances of Children.		No. of Individual Children who attended and who at the end of the year were :		
					Under 1 year.	1-5 years.	Under 1 year.	1-5 years.	Over 5 years.
WAINSCOTT Working Men's Institute	Each Thursday	Dr. Greene (Fortnightly)	Miss Maxted	51	586	947	20	128	2
WALMER Baptist Church Room	Each Wednesday	Dr. Kirk (Fortnightly)	Miss Dean	53	823	725	43	99	12
WESTERHAM Women's Institute	Each Thursday	Dr. Pickles (Fortnightly)	District Nurse	47	491	1098	39	77	5
WEST MALLING Badminton Hall	Each Thursday	Dr. Hamilton (Weekly)	Miss Milner	52	1097	1757	70	153	30
WHITFIELD Congregational Hall	Alternate Fridays	Dr. Toland (Monthly)	Miss Harvey	24	164	241	22	28	—
WHITSTABLE Congregational Hall	Each Monday & Wednesday	Dr. Barker (Weekly)	Mrs. Edwards	101	2553	2288	65	195	9
WINGHAM Red Triangle Hut	Alternate Thursdays	Dr. Nettlefield (Fortnightly)	Miss Worthington	27	225	253	16	51	1
(h) WOULDHAM Chapel Rooms	Alternate Thursdays	Dr. Richmond (Fortnightly)	Mrs. Taylor	10	120	150	20	33	1
YALDING Cleve Grammar School	Alternate Thursdays	Dr. Hallam (Fortnightly)	Miss Herd	24	57	289	7	31	2
Voluntary Centres									
AYLESFORD Brassey Rooms	Alternate Wednesdays	Dr. Richmond (Monthly)	Miss Johnson	24	455	435	38	75	2
BROADSTAIRS Beaconsfield House, St. Peter's Rd.	Each Thursday	Dr. Moon (Weekly)	Mrs. Morris	53	1679	964	91	101	—
COBHAM Meadow Room	2nd Wednesday	—	District Nurse	11	25	107	2	25	1
GRAIN Bethel Sunday School Room	3rd Friday	Dr. Wall (Monthly)	Miss Maxted	11	9	67	2	12	—
(i) HARRIETSHAM Parish Hall	1st and 3rd Tuesdays	Dr. Laird (Monthly)	Miss Palmer	2	14	54	—	39	—
(j) LITTLEBOURNE The Sports Hut	Alternate Tuesdays	Dr. Mercer (Fortnightly)	Miss Worthington	7	33	18	11	12	—
MEOPHAM Village Hall	1st and 3rd Thursdays	Dr. Hasler	District Nurse	22	192	600	16	74	8
NEW ROMNEY Nurses Cottage	—	—	District Nurse	52	447	31	19	13	—
WATERINGBURY Station Rd.	1st and 3rd Tuesdays	Dr. Garrett (Monthly)	Miss Herd	24	123	204	9	35	—
				3,752	60,644	68,012	3,755	7,326	572

*Total Attendances by Mothers for advice in respect of themselves—134.*

- (a) Bilsington—Opened as a Voluntary Centre, 16/1/36, adopted by K.C.C., 1/11/36.  
 (b) Borden—Taken over from Swale R.D.C., 1/4/36.  
 (c) Chilham—Adopted by K.C.C., 1/10/36.  
 (d) East Farleigh „ „ „ „  
 (e) Lydd „ „ „ 15/5/36.  
 (f) Newington—Taken over from Swale R.D.C., 1/4/36.  
 (g) Shorne—Adopted by K.C.C., 1/1/36.  
 (h) Wouldham—Opened by K.C.C., 6/8/36.  
 (i) Harrietsham—Opened as a Voluntary Centre, 1/11/36.  
 (j) Littlebourne— „ „ „ „ 6/10/36.

MATERNITY AND CHILD WELFARE ACT, 1918. MATERNITY AND CHILD WELFARE CENTRES.—There are 115 maternity and child welfare centres administered by the Kent County Council, and Table 10 gives particulars of these, together with information as to the attendances, etc.

The establishment of voluntary centres, by local ladies interested in child welfare, is encouraged, and the health visitors are active in this connection. The object is to ensure the success of a centre before the County Council take over responsibility.

In addition to the centres shown in Table 10 new county centres have been started during 1937 at Footscray, Larkfield and North Tonbridge; and Voluntary Centres started at Detling and Woodchurch.

Dried milk, Virol, cod liver oil, etc., are sold at cost price, on the medical officers' advice, to mothers who cannot afford to pay store prices. The County Dispensing Station issued 3,188 cartons of malt and oil, 1,273 cartons of Virolax, and 2,748 bottles of cod liver oil, to centres during the year. Dried milk, etc., is supplied to centres either direct from the manufacturers or distributed through my office, and 49,423 lbs. of dried milk, 4,442 lbs. of Virol, 1,548 lbs. of Groats, 958 tins of Lactagol, and 4,761 jars of Halimalt were ordered during the year.

Special sessions for toddlers have been started in most of the larger welfare centres in order to detect minor defects before these children are admitted to school at five years of age.

At the majority of the centres short talks are given to the mothers, at each session, by the medical officers or the nurses. A syllabus of information for such talks is issued to each centre.

Voluntary committees of local ladies assist the nurses to carry out the social functions of the centres.

Again I desire to place on record my appreciation of the excellent work carried out by these voluntary committees, as they contribute in a great measure to making the centres the success they are.

The attendance of children at the centres was higher than in 1935 by 9,531.

The following are a few figures of interest in this connexion, relating to the last five years :—

			1932.	1933.	1934.	1935.	1936.
No. of openings	...	...	3,150	3,311	3,336	3,396	3,752
First Attendances, Children	...	...	4,190	4,176	4,350	4,327	4,236
Total Attendances	...	...	98,492	102,750	108,381	119,125	128,656

The county centres (including voluntary centres where the services of a county health visitor are utilized), are visited periodically by the Assistant Medical Officer for Maternity and Child Welfare who discusses with the medical officers and the health visitors any matters of interest or difficulty in connection with the administration of the centres.

At these visits the work of the health visitor is supervised. Where the work of part-time health visitors cannot be supervised in this way they are visited periodically by one of the whole-time nurses.

The Travelling Exhibition from Carnegie House has visited several of the centres, and demonstrations have been given by the Milk Publicity Board.

Co-operation with the Education Authorities has been maintained throughout the year. Groups of older girls from secondary schools have paid visits to certain of the welfare centres, and have shown keen interest in mothercraft and in the various activities. Some of these girls have made model garments in their sewing classes, and boys have shown their interest by making model cots and toys in the carpentry classes, for presentation to the local welfare centres. These gifts are greatly appreciated.

A comprehensive synopsis of advice for the guidance of Voluntary Committees wishing to establish centres, has been prepared and is available on application to the County Medical Officer of Health.

The valuable work done at the infant welfare centres throughout the county area is reflected in the infant mortality rate. The table on page 23 gives details and comparative rates.

TABLE 11. ANTE-NATAL CLINICS IN COUNTY AREA, 1936

Name and Address of Clinic.	Day and Time of Session.	Medical Officer.	Nurse.	No. of Sessions held.	No. of Attendances of Expectant Mothers.								No. of Attendances of Mid-wives.
					Primipara—First Attendances.			Multipara—First Attendances.			Subsequent Attendances.		
					Sent by Doctors.	Sent by Mid-wives.	Sent by Others.	Sent by Doctors.	Sent by Mid-wives.	Sent by Others.	Primip.	Multip.	
Aylesham, Glynn Vivien Miners' Mission Room ... .. Hall	1st Thursday each month, 10.0 a.m. ... ..	Dr. G. Bellamy ...	Miss D. Jervis ...	11	—	16	—	1	23	—	22	48	8
Borough Green, Western Hall	2nd Tuesday each month, 10.30 a.m. ... ..	Dr. R. A. Walker ...	Miss L. Brown ...	12	—	15	—	—	29	—	10	11	26
Cliffe Men's Social Club ... ..	2nd Friday each month, 2.0 p.m. ... ..	Dr. A. B. Rogers ...	Miss M. Macted	9	—	11	—	2	15	—	22	17	12
Deal, Baptist Rooms ... ..	1st Thursday each month, 10.0 a.m. ... ..	Dr. D. W. Kirk ...	Miss I. Dean ...	12	—	37	—	4	49	11	21	34	42
Dunton Green, Village Hall ... ..	3rd Wednesday each month, 2.45 p.m. ... ..	Dr. I. McN. Jones	Mrs. M. Stokes ...	12	—	20	1	—	31	—	11	31	21
Elvington, Village Hall ... ..	1st Wednesday each month, 2.0 p.m. ... ..	Dr. G. Bellamy ...	Miss K. Nugent	12	1	11	—	2	27	—	17	34	15
Faversham, Queen's Hall ... ..	4th Tuesday each month, 4.30 p.m. ... ..	Dr. J. W. Cannon ...	Mrs. M. Edwards	12	1	22	1	—	22	2	16	20	21
Goudhurst, Ex-Service Men's Club	2nd Thursday each month, 2.0 p.m. ... ..	Dr. R. D. Marshall	Mrs. W. Saunders	12	2	9	—	—	5	—	33	9	10
Harrietsham, The Hall ... ..	3rd Friday each month, 10.0 a.m. ... ..	Dr. H. S. Collins ...	Miss M. Palmer ...	10	—	11	1	—	5	7	3	11	11
Hythe, M.C.W. Centre, Prospect Road, Hythe ... ..	1st Thursday each month, 10.0 a.m. ... ..	Dr. E. Gould ...	Mrs. A. Hopwood	12	—	15	6	4	22	6	52	50	12
Orpington, Methodist Hall ... ..	2nd Tuesday each month, 10.0 a.m. ... ..	Dr. M. E. Ledger ...	Miss E. Jobson ...	5	—	2	4	—	3	15	3	7	6
Queenborough, Welfare Hut, Whiteway Road ... ..	2nd Monday each month, 10.0 a.m. ... ..	Dr. W. C. D. Hills ...	Miss M. Wigby ...	8	—	11	2	—	2	10	8	20	7
Sidcup, Baptist Church Hall	Each Friday, 10.0 a.m. ... ..	Dr. C. J. M. Geddes	Miss N. Lyle ...	34	1	18	17	—	43	46	132	254	22
Snodland, M.C.W. Centre, Malling Road ... ..	3rd Monday each month, 2.0 p.m. ... ..	Dr. J. Dowling ...	Miss M. Milner ...	5	—	12	2	—	14	1	6	13	8
Southborough ... ..	Combined with Tonbridge in November, 1936.			9	—	6	1	—	11	4	7	24	12
Staplehurst, Village Hall ... ..	2nd Wednesday each month, 2.0 p.m. ... ..	Dr. Gladys McCabe	Miss M. E. Sharpe	12	—	15	—	—	25	—	20	19	37
Sturry, Parish Room ... ..	2nd Thursday each month, 10.30 a.m. ... ..	Dr. E. G. Nicholls	Miss M. Tustain	12	—	13	10	—	5	—	18	32	21
Greenhithe (Swanscombe), British Legion Hall ... ..	2nd Monday each month, 2.0 p.m. ... ..	Dr. M. F. B. Lynch	Miss G. Saville ...	12	1	12	1	1	16	3	17	68	12
Tenterden, Baptist Rooms ... ..	2nd Tuesday each month, 10.0 a.m. ... ..	Dr. Taylor Jones ...	Miss A. Blackmore	12	4	9	—	3	3	1	25	16	13
Tonbridge, Old Cottage Hospital	1st and 3rd Friday each month, 10.0 a.m. ... ..	Dr. Herman ...	Miss A. Tibbitts	12	—	15	2	1	22	3	31	48	19
West Malling, Badminton Hall ... ..	2nd and 4th Tuesday each month, 2.0 p.m. ... ..	Dr. G. R. Hamilton	Miss M. Milner ...	24	—	15	3	1	35	6	34	87	66
Totals ... ..				259	12	295	51	19	407	115	508	855	401



ANTE-NATAL AND POST-NATAL CLINICS.—The aim of these clinics is to advise and examine all expectant mothers, and so assist in preventing maternal morbidity and death. Post-natal advice also has been undertaken at these clinics, and midwives and nurses have been advised to co-operate in this work. In most instances the work is undertaken by a local practitioner with the assistance of the health visitor and district nurse for the area.

Table 11 gives details of the nineteen clinics in the area; and in addition to those shown in the table, clinics have been started in 1937 at Edenbridge, Minster in Sheppey and Whitstable.

Travelling expenses to clinics can be refunded in necessitous cases.

Midwives throughout the County area co-operate in the work of the ante-natal clinics by bringing their patients for advice and examination both before and after confinement. Where the midwife is out of pocket in so doing there is a scheme for compensation.

The provision of these clinics is an important part of the scheme for the reduction of maternal mortality and in this connection the table on page 24 showing mortality rates may be of interest.

DOMICILIARY ANTE-NATAL ARRANGEMENTS.—Arrangements have been made for medical practitioners to undertake (at the patients own home) the routine ante-natal examination of uninsured women who have engaged midwives for their confinements and who are unable to pay the fee of a doctor. One hundred-and-thirty-three practitioners have agreed to undertake such examinations of patients residing in the county area.

STERILISED MATERNITY OUTFITS are provided where the doctor or midwife considers such provision desirable. The outfits appear to meet a real need, and they are increasingly in demand.

HOME HELPS can be provided in special circumstances.

CONSULTATION CASES.—Difficult cases in connection with pregnancy or confinement, puerperal infection or ophthalmia neonatorum can have the benefit of a second opinion if medical practitioners so desire. There were twenty-six such cases in 1936.

DENTAL TREATMENT.—Clinics for the dental treatment of expectant and nursing mothers and of children under five years of age are situated in the following districts, and the whole of the county maternity and child welfare area is now served by these clinics.

Address	Dental Surgeon.
Ashford, 14 Canterbury Road, ... ..	Mr. A. C. MacDougall, L.D.S.
Borough Green, Western Hall ... ..	Mr. D. W. Lamb, L.D.S.
Elvington, Village Hall ... ..	Mr. W. W. F. Dawe, L.D.S.
Faversham, Wesleyan Hall, Preston Street ...	Mr. G. D. Gausden, L.D.S.
Herne Bay Parochial Institute, Underdown Road...	Mr. H. Cantor, L.D.S.
Hythe, M.C.W. Centre, Prospect Road ... ..	Mr. W. W. F. Dawe, L.D.S.
Northfleet, 5 Station Road ... ..	Mr. L. F. Hayes, L.D.S.
Paddock Wood, Masonic Hall... ..	Miss M. Cross, L.D.S.
St. Mary Cray, Village Hall ... ..	Mr. F. A. Markham, L.D.S.
Sevenoaks, Dorset House, St. John's Road ...	Mr. D. W. Lamb, L.D.S.
Sheerness, Granville Villa, Granville Road ...	Mr. G. D. Gausden, L.D.S.
Snodland, M.C.W. Centre, Malling Road ... ..	Mr. D. W. Lamb, L.D.S.
*Tonbridge, School Clinic, Old Cottage Hospital ...	Mr. F. J. Saunders, L.D.S.
Walmer, Baptist Schoolroom, Park Road East, Dover Road ... ..	Mr. H. Cantor, L.D.S.
Welling, School Clinic, Dansington Road, Little Danson ... ..	Mr. M. G. Berry, L.D.S.

The table on page 72 shows the amount of work carried out in connection with the scheme; and in addition to the figures shown therein, the following particulars are of interest:—

Number of orders issued for dentures, repairs, etc. ... ..	359
Number of patients paying the full cost ... ..	181
Number of patients paying part cost ... ..	92
Number of free cases ... ..	86

\*Treatment is given at the Edenbridge School Dental Clinic in this area when it is more convenient for the patients

TABLE 12.

Showing Dental Work for Expectant and Nursing Mothers and Young Children, during 1936.

	Total Attendances.	Number of				Anaesthetics.			Denture Work.								
		Extractions.	Fillings.	Scalings.	Gum Treatment	Local.	General.	Various.	Impressions.	Bites	Try-ins	Patients fitted with Dentures.	Dentures fitted.	Repairs.	Re-made.	Suction discs.	No. commencing treatment at Dental Clinics
Adults	3445	5995	245	93	44	430	1113	535	578	347	379	329	580	37	5	31	542
Minors	527	1066	133	1	—	90	237	350	—	—	—	—	—	—	—	—	409
Total	3972	7061	378	94	44	520	1340	885	578	347	379	329	580	37	5	31	951

No. of Half-day Sessions for Treatment ... .. 490  
 " " " attended by Anaesthetists ... 169

CONSULTING SURGEON FOR DISEASES OF THE EAR, NOSE, AND THROAT.—This officer was appointed during the year, and his services are available for the whole of the County area. All Health Visitors have been instructed to report cases of enlarged tonsils and adenoids, or ear troubles, among infants on the visiting lists; and twenty-two cases were referred to the Surgeon during 1936.

OPHTHALMIC TREATMENT for expectant and nursing mothers and children under five years of age, is available at the various ophthalmic clinics throughout the County.

TREATMENT OF SQUINT.—The services of the School Oculist and the facilities of school ophthalmic clinics are available for cases of squint in children under school age. Spectacles are provided free of cost, and travelling expenses are paid, in necessitous cases. The School Oculist examined the eyes of forty-four infants during the year, and spectacles were prescribed in twenty-one instances. In one case spectacles were provided free of cost. All health visitors have been instructed to report cases of squint which come to their notice among the infants on their visiting lists.

NURSERY SCHOOLS AND DAY NURSERIES.—Memorandum 1,550 of the Ministry of Health recommends the provision of day nurseries for the care of young children whose mothers go out to work, or whose home conditions are such that their health would benefit by the daily supervision which can be secured in this way. It is pointed out that children can be admitted to these day nurseries at an earlier age than that at which they are eligible for admission to nursery schools, and they are usually kept for longer hours each day than is possible in the case of children attending nursery schools.

In the County Maternity and Child Welfare area the proportion of mothers who work in factories during the day, is low, so that the provision of day nurseries as such throughout the County would not appear to be a great necessity.

If it were possible to use the already existing schools in the County for the admission of children below school age and to provide qualified Froebel Teachers it would be a useful preventive and educational measure. This question of utilising the existing schools for the additional purpose of day nurseries has been discussed in detail with a representative of the Kent Education Committee and it was found impracticable owing to the very limited accommodation available for children of school age.

Having this in mind, toddlers clinics have been established at many of the welfare centres and the health of the toddler has been specially supervised at every welfare centre throughout the County of Kent.



GRANTS OF MILK.—Recommendations for a supply of milk free, or at less than cost price, are made by the health visitors to the County Medical Officer in accordance with the conditions laid down by the Ministry of Health. During the year 4,311 grants were made for four weeks, 187 for eight weeks, and 553 for twelve weeks. Orders for 25,358 gallons of fresh milk, and 2,646 lbs. of dried milk were issued, the actual expenditure being £2,727.

VARIOUS.—In connection with the arrangements for the medical examination and treatment of children from one to five years of age, as suggested in Circular 1,054 of the Ministry of Health, dated December 5th, 1929, and approved by the County Council, very few cases arose for treatment during the year. The majority of such cases were dealt with by medical practitioners or at hospitals.

Arrangements exist with the Kent County Nursing Association for a nurse to be available for home nursing, where necessary, in cases of measles, whooping cough, diarrhoea and poliomyelitis. The services of the whole-time health visitors are also available for the home visiting of measles and whooping cough, and information respecting outbreaks is obtained in the usual way from school teachers.

Stillbirths are investigated and reported upon by the health visitors. In eighty-nine instances in 1936, the following causes were given :—

Contracted Pelvis and Deformities	...	...	...	8
Hydrocephalic, Anencephalic and Malformations	...	...	...	4
Multiple Births	...	...	...	1
Malpresentations	...	...	...	20
Birth Injuries, etc.	...	...	...	9
Suspected Venereal Disease	...	...	...	19
Illness of Mother	...	...	...	28

The following figures show certain infantile mortality rates per thousand births during each of the last six years :—

	1931.	1932.	1933.	1934.	1935.	1936.
Kent Urban Districts	46·59	49·76	48·11	47·57	44·14	45·72
Kent Rural Districts	47·93	48·38	48·40	49·75	39·12	50·65
Whole County	46·97	49·37	48·20	48·11	43·07	46·74
Area of County Scheme...	45·47	45·08	50·90	44·28	41·93	50·01
Rest of Kent	47·81	51·82	46·58	50·27	43·67	45·03
England and Wales	66	65	64	59	57	59

MATERNAL DEATHS.—Arrangements have been made with the medical officers of health concerned to forward particulars of cases of maternal deaths occurring in their areas. These deaths are fully investigated by the Medical Officer for Maternity and Child Welfare and the reports are then sent to the Ministry of Health.

There were 57 maternal deaths in 1936. The table on page 24 gives particulars of Maternal Mortality Rates.

PUERPERAL FEVER, PUERPERAL PYREXIA AND OPHTHALMIA NEONATORUM.—The following figures show the number of notifications of puerperal infection during the past five years :—

*Puerperal Pyrexia.*

	1932.	1933.	1934.	1935.	1936.
Whole County	98	92	97	120	102
County Area	38	27	22	34	28

*Puerperal Fever.*

	1932.	1933.	1934.	1935.	1936.
Whole County	40	52	67	54	68
County Area	13	17	17	34	28

*Deaths from Puerperal Sepsis.*

	1932.	1933.	1934.	1935.	1936.
Whole County	17	35	34	22	25
County Area	11	14	13	5	8

It will be seen from page 62 that in 100 cases midwives sent for medical help for rise of temperature (pyrexia) in the current year.

Of the twenty-eight cases of puerperal fever which occurred in the County area, eleven were attended by midwives in the first instance and seventeen by doctors,



The figures below refer to the notification and treatment of ophthalmia neonatorum in the county area, but a comparison with the figures for the whole county is shown for 1936 :—

			1932.	1933.	1934.	1935.	1936.	Whole County (1936)
Cases Notified	...	...	14	15	18	13	8	52
Treated	{ At Home	...	8	9	9	10	4	31
	{ In Hospital	...	6	6	9	3	4	21
Vision	{ Unimpaired	...	11	13	14	10	6	48
	{ Impaired...	...	2	—	—	—	—	—
	{ Total blindness	...	—	—	—	—	—	—
	{ No information	...	—	2	4	2	2	3
Death	...	...	1	—	—	1	—	1

As a precautionary measure against ophthalmia neonatorum all midwives in the county area are provided with dropper bottles containing one per cent. solution of silver nitrate with instructions to place one drop in each eye of newly born infants immediately after the baby has been first bathed and the eyes carefully wiped with cotton wool.

Arrangements have been made with the following hospital authorities for the treatment of these diseases :—Ashford Urban (Isolation Hospital), Deal Borough (Isolation Hospital), Dover Borough (Isolation Hospital), Dartford (County Hospital), Farnborough (County Hospital), Faversham Rural (Isolation Hospital), Folkestone Borough (Isolation Hospital), Gravesend and North Kent Hospital, †Herne Bay and Whitstable Joint Hospital, Lydd Borough (Isolation Hospital), Pembury (County Hospital), Sevenoaks Rural (Isolation Hospital), Royal Victoria Hospital, Folkestone, Kent and Sussex Hospital, Tunbridge Wells, London County Council Hospitals, Kent and Canterbury Hospital, \*Kent County Ophthalmic and Aural Hospital, Maidstone, \*Ramsgate General Hospital, \*Sheppey (County Hospital), \*Thanet (Public Assistance Hospital), \*Tunbridge Wells Homœopathic Hospital, †Chatham (County Hospital), †Isle of Thanet Joint Isolation Hospital, †Sittingbourne and Milton Joint Hospital (Keycol Hill).

15 cases of puerperal infection received institutional treatment under these arrangements in 1936.

The Kent Nursing Home, Tunbridge Wells; and the Kent Nursing Institution West Malling, have agreed to provide nursing assistance for cases of puerperal infection as required.

Fifty-six district nursing associations in the county child welfare area have also arranged for their nurses to treat cases of ophthalmia on request, and the whole time county health visitors will attend when other nursing is not available.

ADMISSION OF CONFINEMENT CASES TO HOSPITALS, MATERNITY HOMES, ETC.—Arrangements have been made with the following hospitals and maternity homes for the reception of patients in complicated cases or where the home conditions of the patients are unsuitable. Only occupied beds are paid for, and no accommodation is reserved specially :—

Ashford Hospital; Homeleigh Nursing Home, South Willesborough, Ashford; Beckenham and Penge Maternity Home, Beckenham; Bromley and Chislehurst Maternity Hospital, Bromley; Kent and Canterbury Hospital, Canterbury; Maternity Hostel, Dane John, Canterbury; County Hospital, Chatham; County Hospital Dartford; Wellesley House Nursing Home, Castle Road, Deal; Royal Victoria Hospital, Dover; County Hospital, Farnborough; Royal Victoria Hospital, Folkestone; Royal Naval and Marine Maternity Nursing Home, Gillingham; Gravesend and North Kent Hospital, Gravesend; St. George's Nursing Home, Grand Drive, Herne Bay; 3 Park Road, Hythe; Public Assistance Institution, Lyminge; County Hospital, Pembury; General Hospital, Ramsgate; County Hospital, Sheppey; Public Assistance Institution, Thanet; Kent and Sussex Hospital, Tunbridge Wells; Tunbridge Wells Maternity Home, 10 and 12 Calverley Park Gardens, Tunbridge Wells; Westgate Maternity Home, Whitstable.

The number of patients admitted to institutions under these arrangements during the past year was seventy-seven.

In the case of the five hospitals marked \* only ophthalmia neonatorum cases are admitted, whilst those hospitals marked † accept cases of puerperal infection only.

ST. FAITH'S HOME, BEARSTED.—Arrangements have been made for unmarried mothers from the county area to be admitted to the above home for their first confinement. The girls are admitted approximately two months before confinement and the home retains them and their children for approximately six months afterwards.

ORTHOPÆDIC TREATMENT.—Details of the county maternity and child welfare cases treated under the orthopædic scheme are given in the section on orthopædic work—page 104.

SECTION 101, LOCAL GOVERNMENT ACT, 1929.—Under the above Section the County Council is required to make contributions towards the expenses of voluntary associations providing maternity and child welfare services in, or for the benefit of, the county.

The following bodies provided such services, and contributions were made to them during the year.

MIDWIFERY.—The Kent County Nursing Association ; and the unaffiliated District Nursing Associations of Ash-next-Ridley, Eastry, Faversham, Stansted, Tenterden Cottage Benefit Association, Frindsbury Extra, Wye, Swanscombe, Lethbridge Sick Nursing Association (Sheerness).

INFANT WELFARE CENTRES.—Aylesford, Broadstairs, Meopham, Watlingbury.

MATERNITY HOMES.—Bromley, Chislehurst and District Maternity Hospital ; Royal Naval and Marine Maternity Nursing Home, Gillingham ; Tunbridge Wells and District Maternity Home.

MOTHER AND BABY HOMES.—St. Faith's Home Bearsted.

BABIES' HOMES.—“ Hurstleigh,” Tunbridge Wells (National Society of Day Nurseries) ; Babies Castle, Hawkhurst (Dr. Barnardo's Homes).

INFANT LIFE PROTECTION WORK.—Under Part 1 of the Children Act, 1908 (as amended by the Children and Young Persons Act, 1932) all children under nine years of age taken for reward apart from their parents, or who have no parents, require to be notified and those foster-parents who receive such children in their homes require to be duly registered by the Council.

There were 299 such homes in the County area registered for the reception of varying numbers of children at the end of 1936 and the total number of nurse-children was 670. The homes are periodically inspected by the visitor of the area and also by the Superintendent Infant Life Protection Visitor, who recommends a maximum number of children to be taken by each foster-parent. Should a home prove unsatisfactory, legal proceedings are taken for the removal of the nurse-children to a place of safety until they can be restored to their relatives or guardians. In 1936 three such cases were successfully dealt with.

Where such proceedings are taken, no other nurse-child can be taken for reward without the written sanction of the Local Authority.

These measures have been most efficacious in abolishing “ baby farming ” and the majority of registered homes in Kent are run on a high standard of efficiency. No home is overcrowded and all are well supervised, since there is dual inspection.

Two nurse children died during the year.

There is full co-operation between the infant life protection visitors, the National Society for the Prevention of Cruelty to Children, and the County police ; and health visitors in their work generally co-operate with the various voluntary agencies operating in their area.

Both the systematic visitation and supervision are carried out satisfactorily ; but as opportunity permits, advantage is taken to transfer to the county health visitors the work in those few areas in which they do not at present act as visitors.



DISTRICT ADMINISTRATION.—The following table gives particulars of the maternity and child welfare work carried out in those areas in which the local district councils are responsible for this administration.

TABLE 13.

District.	Number of Health Visitors.		Births in 1936.	Visits of Health Visitors 1936.	Maternity and Child Welfare Centres—Average Attendance of		Total amount of milk granted during year (free or at reduced price).
	Whole-time.	Part-time.			Mothers (Ante- and post-natal).	Children.	
Ashford ...	2	—	275	1,960	2	100	10,458 pints, and 1,905 lbs. dried milk.
Beckenham ...	2	2†	939	8,823	5.4	62	8,152 pints, and 414 lbs. dried milk.
Bexley ...	4	—	1,282	11,875	21	96	16,720 pints, and 965 lbs. dried milk.
Bromley ...	—	6†	780	8,654	350	405	6,272 pints, and 23 lbs. dried milk.
Chatham ...	3	—	688	9,161	4	61	15,967 lbs. dried milk.
Crayford ...	1	—	382	7,245	—	64	1,788 pints, and 2,780 lbs. dried milk.
Dartford ...	2	—	445	6,351	11	168	9,234 pints, and 132 lbs. dried milk.
Dover ...	—	4†	633	5,451	2	29	16,766 pints, and 115 lbs. dried milk.
Erith ...	2	—	510	9,622	26	71	3,542 pints, and 1,009 lbs. dried milk.
Folkestone ...	2	1	620	6,964	8	73	18,768 pints, and 1,139 lbs. dried milk.
Gillingham ...	—	5†	932	9,299	24	127	12,480 lbs. dried milk.
Gravesend ...	2	—	617	6,806	98	74	2,648 pints, and 10,523 lbs. dried milk.
Maidstone ...	—	3†	696	5,857	112	102	4,320 pints, and 333 lbs. dried milk.
Margate ...	1	1	466	4,635	170	52	3,464 pints, and 1,003 lbs. dried milk.
Northfleet ...	1	—	335	2,157	2	51	3,550 lbs. dried milk.
Penge ...	1	—	433	3,832	41	115	745 pints, and 4,864 lbs. dried milk.
Ramsgate ...	—	4†	495	6,951	4	86	1,050 pints, and 6,883 lbs. dried milk.
Rochester ...	2	1†	529	8,555	3	78	8,028 lbs. dried milk.
Sevenoaks ...	1	—	146	1,983	10	56	616 pints, and 648 lbs. dried milk.
Sheerness ...	1	—	207	1,710	40	43	2,436 pints, and 403 lbs. dried milk.
Sittingbourne and Milton ...	1	—	307	1,628	—	68	7,069 pints, and 426 pkts. dried milk.
Tunbridge Wells ...	—	4†	427	5,417	91	108	14,022 pints, and 88 lbs. dried milk.
Dartford Rural...	2	—	454	12,077	5	34	36,520 pints, and 4,694 lbs. dried milk.
Tonbridge Rural ...	—	12	284	4,765	12	131	4,720 pints.

(†) Whole-time officials but dividing their time between health-visiting and other duties.

*The Beckenham and Penge Joint Maternity Home*, at 80, Croydon Road, Beckenham, has been referred to in previous reports. During 1936, 339 cases were admitted—245 from Beckenham and 94 from Penge. The average duration of stay was 14.5 days. The home which has fourteen beds, is recognized by the Ministry of Health and the Central Midwives Board as a training centre for midwives, and is allowed to have five pupils in training. Women who do not wish to enter the home for confinement, and who cannot afford the services of a private doctor, can be attended in their own homes by a midwife working in conjunction with the home and the welfare centres; and 155 cases were dealt with under this arrangement during 1936—54 in Beckenham and 81 in Penge.

In *Bexley Urban* the District Council provides a maternity home of six beds at 315, The Broadway, Bexley Heath. 163 cases were dealt with during the year, but the Home was inadequate in size, and the rooms not well suited to the work; the Council therefore has provided a new Home at Lavernock Road, with



accommodation for twenty-four beds, and two isolation beds. This home was opened for patients early in 1937.

In *Erith Urban* there is a maternity home provided by the Urban District Council, with six beds in two general wards, one isolation bed, and a labour ward. 125 cases were admitted during 1936.

In some districts there is an arrangement for the use of beds provided by voluntary bodies. The following shows these districts, the hospitals or homes concerned, and the beds so reserved :—

<i>Bromley Borough</i>	—Bromley and Chislehurst Maternity Hospital—four beds.
<i>Crayford Urban</i>	—Barnes Cray Nursing Home—twelve beds.
<i>Dartford Borough</i>	—British Hospital for Mothers and Babies, Woolwich—no definite number.
<i>Maidstone Borough</i>	—West Kent General Hospital—two beds (eight beds will be available in 1937).
<i>Ramsgate Borough</i>	—Ramsgate General Hospital—twenty beds.
<i>Tunbridge Wells Borough</i>	—Tunbridge Wells Maternity Home—ten beds.
<i>Chatham Borough</i>	} Each of these districts has an arrangement with the Royal Naval and Marine Maternity Nursing Home at Gillingham for such beds as are required and available for civilian cases.
<i>Gillingham Borough</i>	
<i>Rochester City</i>	
<i>Sittingbourne and Milton Urban</i>	

Provision is made in several districts for the use of hospital beds for *complicated* maternity cases, as follows :—*Beckenham Urban, Bexley Urban, Bromley Borough, Chatham Borough, Dartford Borough, Dover Borough, Erith Urban, Folkestone Borough, Gravesend Borough, Maidstone Borough, Margate Borough, Northfleet Urban, Penge Urban, Rochester City, Sittingbourne and Milton Urban, Milton Rural, Tunbridge Wells Borough, and Dartford Rural*. Particulars of these arrangements will be found in my annual report for 1930.

Developments of the district maternity and child welfare schemes during 1936 were as follows :—

*Ashford U.*—An additional health visitor was appointed.

*Bexley U.*—Several developments and a re-organisation of the service, including the building of a new maternity home of twenty-six beds (opened in May, 1937) : the appointment of two additional Health Visitors : the holding of more frequent sessions at the welfare centres and ante-natal clinics : the provision of a home-help service : the provision of sterilized maternity outfits : compensation to midwives for the loss of cases sent to hospital from the ante-natal clinics : and the decision to erect a new welfare centre at Albany Park, Bexley.

*Bromley B.*—Health-visiting work has been intensified in the latter part of the year, in the manner suggested in the Ministry of Health's Circular 1,550.

*Chatham B.*—Child welfare work has been extended by a scheme which provides for more frequent visiting of the children between the ages of one and five years.

*Erith U.*—The arrangements for the admission of cases of puerperal pyrexia to the London County Council Hospitals, were extended by an arrangement with the Queen Charlotte's Hospital Annexe.

*Folkestone B.*—A second session for ante-natal work was commenced towards the end of the year, in the Cheriton area.

*Gillingham B.*—A dental clinic for expectant and nursing mothers, and children under five years of age, was established during the year.

Cases of ophthalmia neonatorum are treated at the Kent County Ophthalmic Hospital at Maidstone, by arrangement.

*Rochester C.*—All medical services available for school children, were made available for children of pre-school age.

## Section D

### TUBERCULOUS DISEASES.

There were 1,239 cases of phthisis and 389 cases of other tuberculous diseases notified in the county during the year, as shown in Table 14 below. There was an increase of 79 in the number of pulmonary cases notified compared with the previous year, but the number is well below the average for the past ten years.

The deaths from phthisis numbered 692 and of these 559 were recorded in *urban* districts and 133 in *rural* districts—the mortality rates being 0.53 and 0.48 respectively, per thousand of the population living.

The mortality rate (0.52) is again the lowest ever recorded. This figure represents a reduction in mortality rate of 55% on the high rate of 1.16 recorded during the year 1918.

The following table shows the cases of *pulmonary tuberculosis* notified, the number of deaths, and the death-rates in Kent, compared with those of England and Wales, during recent years :—

TABLE 14.

#### PULMONARY TUBERCULOSIS.

Year.	Administrative County of Kent.						England and Wales.	
	No. of Cases Notified.	Total No. of Deaths.	Death-rate per 1,000 population.			Mortality per cent. of total Deaths (County).	Death-rate per 1,000 population.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1915	1,448	954	1.00	0.92	0.96	6.4	1.16	7.4
1916	1,554	1,034	1.02	0.92	0.99	7.8	1.17	8.2
1917	1,408	1,055	1.05	0.98	1.03	8.1	1.25	8.7
1918	1,652	1,184	1.20	1.08	1.16	8.0	1.34	7.6
1919	1,455	995	0.97	1.00	0.98	8.0	0.99	7.3
1920	1,489	836	0.83	0.73	0.80	7.2	0.88	7.2
1921	1,438	876	0.82	0.80	0.81	7.2	0.88	7.3
1922	1,518	812	0.80	0.64	0.75	6.8	0.89	7.0
1923	1,668	835	0.76	0.77	0.76	7.4	0.83	7.2
1924	1,520	846	0.77	0.75	0.76	7.0	0.84	7.0
1925	1,549	796	0.75	0.65	0.72	6.5	0.84	6.9
1926	1,486	787	0.76	0.55	0.70	6.6	0.78	6.7
1927	1,357	806	0.78	0.61	0.73	6.0	0.80	6.5
1928	1,266	819	0.76	0.65	0.73	6.4	0.76	6.5
1929	1,271	788	0.72	0.61	0.69	5.5	0.80	6.0
1930	1,309	803	0.73	0.61	0.70	6.4	0.74	6.5
1931	1,388	743	0.66	0.56	0.64	5.5	0.74	6.0
1932	1,257	783	0.67	0.57	0.64	5.5	0.69	5.7
1933	1,154	803	0.68	0.53	0.64	5.5	0.69	5.7
1934	1,203	755	0.60	0.56	0.59	5.3	0.63	6.4
1935	1,160	723	0.59	0.41	0.55	5.1	0.605	5.15
10 years' average	1,260	771	0.67	0.57	0.64	5.6	0.73	6.3
1936	1,239	692	0.53	0.48	0.52	4.6	0.583	4.80

Continued.

It is with regard to the incidence of and mortality from non-pulmonary tuberculosis that the most extraordinary improvement has taken place since the establishment of the tuberculosis schemes and, later, the special arrangements for the orthopædic treatment of crippling defects. The mortality from non-pulmonary tuberculosis has been reduced by 64% compared with the figure of twenty years ago, and the following table shows how steadily this decline has taken place in Kent.

#### NON-PULMONARY TUBERCULOSIS.

Table 14 (continued)

Administrative County of Kent.							England and Wales.	
Year.	No. of Cases Notified.	Total No. of Deaths.	Death-rate per 1,000 population.			Mortality per cent. of total Deaths (County).	Death-rate per 1,000 population.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1915	446	363	0.39	0.33	0.37	2.49	(1911-20) average 0.35	2.43
1916	383	297	0.28	0.25	0.28	2.25		
1917	399	313	0.30	0.31	0.30	2.42		
1918	379	310	0.29	0.32	0.30	2.11		
1919	422	251	0.26	0.22	0.25	2.02		
1920	323	250	0.26	0.20	0.24	2.16		
1921	358	235	0.22	0.20	0.22	1.93	(1921-30) average. 0.20	1.64
1922	395	221	0.23	0.16	0.20	1.77		
1923	489	187	0.16	0.19	0.17	1.65		
1924	504	208	0.19	0.19	0.19	1.73		
1925	622	201	0.18	0.18	0.18	1.62		
1926	553	165	0.14	0.17	0.15	1.37		
1927	493	168	0.14	0.18	0.15	1.26	0.16	1.39
1928	454	158	0.13	0.16	0.13	1.23		
1929	401	152	0.13	0.14	0.13	1.04		
1930	434	159	0.14	0.14	0.14	1.27		
1931	382	156	0.13	0.14	0.13	1.15		
1932	398	155	0.13	0.11	0.13	1.10		
1933	353	154	0.12	0.11	0.12	1.05	0.15	1.25
1934	399	144	0.11	0.13	0.11	1.01	0.13	1.09
1935	379	137	0.10	0.12	0.10	0.96	0.13	1.09
10 years' average	408	151	0.13	0.14	0.13	1.09	0.113	0.96
1936	389	132	0.10	0.11	0.10	0.88	0.164	1.36
							0.109	0.90

104 deaths from non-pulmonary tuberculosis occurred in *urban* and 28 in *rural* districts, the mortality rates being 0.10 and 0.11 respectively. The death-rate for the whole county was 0.10, and this compares very favourably with the average county rate of 0.13 for the previous ten years.

The figures relating to notifications in the foregoing tabulations and in Table 15 are taken from the annual reports of the local medical officers of health, whilst those in the three following returns are obtained from the weekly statements from the same officers.



TABLE 15.—Number of cases of Tuberculosis notified in each district in Kent under the Public Health (Tuberculosis) Regulations, during 1936; together with the number of deaths occurring from Tuberculosis, and the death rates.

DISTRICTS.	Popula- tion. 1936. (estimated)	Notifications. 1936.			Deaths.				
		Pulmonary	Other	Total	Pulmonary.		Other.		
					1936	Rate per 1,000 1936	1936	Rate per 1,000 1936	
<b>URBAN—</b>									
Ashford ... ..	22,300	16	5	21	10	0·45	2	0·09	
Beckenham (Borough) ...	68,210	56	16	72	25	0·37	1	0·05	
Bexley ... ..	69,000	97	13	110	44	0·64	6	0·09	
Broadstairs and St. Peter's...	13,350	17	4	21	4	0·29	1	0·07	
Bromley (Borough) ... ..	57,850	70	15	85	30	0·52	6	0·10	
Chatham (Borough) ... ..	44,300	33	10	43	36	0·80	8	0·18	
Chislehurst & Sidcup ... ..	54,300	51	14	65	26	0·48	6	0·11	
Crayford ... ..	22,400	21	3	24	9	0·40	1	0·01	
Dartford ... ..	33,040	33	9	42	13	0·39	3	0·09	
Deal (Borough) ... ..	23,100	23	15	38	5	0·21	1	0·04	
Dover (Borough) ... ..	40,510	47	8	55	22	0·54	6	0·15	
Erith ... ..	36,380	48	6	54	35	0·96	5	0·14	
Faversham (Borough) ...	12,310	10	6	16	7	0·56	2	0·16	
Folkestone (Borough) ...	45,820	37	16	53	31	0·68	5	0·13	
Gillingham (Borough) ...	64,790	46	13	59	44	0·68	8	0·12	
Gravesend (Borough) ...	39,340	33	8	41	17	0·43	5	0·13	
Herne Bay ... ..	15,800	15	5	20	13	0·82	1	0·06	
Hythe (Borough) ... ..	8,710	9	4	13	4	0·46	—	—	
Lydd (Borough) ... ..	2,699	—	—	—	1	0·37	—	—	
Maidstone (Borough) ...	46,980	47	13	60	29	0·62	8	0·17	
Margate (Borough) ... ..	39,900	71	27	98	21	0·50	3	0·08	
New Romney (Borough) ...	1,861	2	2	4	—	—	—	—	
Northfleet ... ..	17,820	15	3	18	12	0·67	2	0·11	
Orpington ... ..	39,900	34	17	51	15	0·38	5	0·13	
Penge ... ..	25,810	20	4	24	15	0·58	1	0·04	
Queenborough (Borough) ...	2,924	—	1	1	2	0·68	—	—	
Ramsgate (Borough) ... ..	34,600	41	19	60	15	0·45	5	0·15	
Rochester (City) ... ..	35,050	34	9	43	16	0·46	4	0·14	
Sandwich (Borough) ... ..	3,852	3	—	3	—	—	—	—	
Sevenoaks ... ..	12,440	2	2	4	3	0·23	1	0·08	
Sheerness ... ..	15,950	10	4	14	6	0·38	—	—	
Sittingbourne and Milton ...	20,920	12	5	17	10	0·48	1	0·05	
Southborough ... ..	7,623	5	1	6	4	0·52	1	0·13	
Swanscombe ... ..	8,394	4	2	6	5	0·60	1	0·12	
Tenterden (Borough) ... ..	3,417	1	1	2	2	0·59	1	0·29	
Tonbridge ... ..	17,630	10	2	12	7	0·40	—	—	
Tunbridge Wells (Borough)	33,420	13	12	25	14	0·42	3	0·09	
Whitstable ... ..	15,300	13	12	25	7	0·46	1	0·07	
TOTALS—Urban ... ..	1,058,000	999	306	1,305	559	0·53	104	0·10	
<b>RURAL—</b>									
Ashford, East ... ..	9,094	4	2	6	3	0·33	2	0·22	
Ashford, West ... ..	8,577	6	1	7	4	0·45	1	0·12	
Blean-Bridge ... ..	15,690	10	4	14	9	0·57	—	—	
Cranbrook ... ..	13,450	11	3	14	7	0·52	3	0·22	
Dartford ... ..	31,860	30	6	36	15	0·47	2	0·06	
Dover ... ..	9,154	10	7	17	1	0·11	1	0·11	
Eastry ... ..	23,980	35	16	51	9	0·38	2	0·08	
Elham ... ..	8,605	8	2	10	4	0·46	—	—	
Hollingbourn ... ..	13,920	9	3	12	4	0·28	2	0·14	
Maidstone ... ..	15,270	16	2	18	3	0·19	2	0·13	
Malling ... ..	30,400	17	4	21	26	0·85	1	0·03	
Romney Marsh ... ..	3,317	1	1	2	1	0·30	1	0·30	
Sevenoaks ... ..	27,480	25	13	38	16	0·58	5	0·18	
Sheppey ... ..	7,529	—	1	1	2	0·26	—	—	
Strood ... ..	16,940	13	5	18	10	0·59	1	0·06	
Swale ... ..	18,000	15	7	22	9	0·50	2	0·11	
Tenterden ... ..	6,304	6	3	9	2	0·32	1	0·16	
Tonbridge ... ..	18,930	24	3	27	8	0·42	2	0·11	
Totals in Rural Districts ...	278,500	240	83	323	133	0·48	28	0·11	
Totals in Urban Districts ...	1,058,000	999	306	1,305	559	0·53	104	0·10	
Totals for County ... ..	1,336,500	1,239	389	1,628	692	0·52	132	0·10	

TABLE 16—Particulars of new cases of tuberculosis, and of deaths from the disease in Kent during 1936.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1    ...    ...	2	—	5	1	} 2	1	19	16
1— 5    ...    ...	4	5	26	39				
5—10    ...    ...	14	8	64	51	} 3	11	16	7
10—15    ...    ...	13	20	29	30				
15—20    ...    ...	54	55	21	14	} 57	75	15	6
20—25    ...    ...	95	119	22	21				
25—35    ...    ...	192	193	20	28	103	79	12	7
35—45    ...    ...	149	115	9	19	77	43	12	5
45—55    ...    ...	133	51	12	4	73	28	4	3
55—65    ...    ...	70	36	6	1	66	32	3	2
65 and upwards    ...	22	22	—	2	24	18	2	3
Totals    ...    ...	748	624	214	210	405	287	83	49
1,796				824				

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1936, to the 31st December, 1936, in the County of Kent.

AGE PERIODS.				Formal Notifications.												Total Notifications
				Number of Primary Notifications of new cases of Tuberculosis.												
				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total (all ages)	
Pulmonary—																
Males ... ..				1	4	14	8	49	81	164	125	116	66	20	648	704
Females ... ..				—	4	7	19	53	98	145	92	43	34	20	515	552
Non-pulmonary																
Males ... ..				3	25	54	26	18	17	16	9	10	6	—	184	199
Females ... ..				1	32	44	26	10	16	23	17	4	1	1	175	177





TABLE 17.—Cases of Tuberculosis remaining on the Registers of Notifications kept by Medical Officers of Health in the County, on December 31st, 1936.

URBAN DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford ... ..	123	55	34	89	18	16	34
Beckenham (Borough) ...	278	111	104	215	32	31	63
Bexley ... ..	358	155	124	279	35	44	79
Broadstairs and St. Peter's ...	83	29	31	60	9	14	23
Bromley (Borough) ... ..	410	149	128	277	63	70	133
Chatham (Borough) ... ..	147	75	42	117	12	18	30
Chislehurst & Sidcup ... ..	226	95	68	163	40	23	63
Crayford ... ..	179	74	54	128	27	24	51
Dartford (Borough) ... ..	260	130	69	199	27	34	61
Deal (Borough) ... ..	182	70	61	131	28	23	51
Dover (Borough) ... ..	265	117	97	214	29	22	51
Erith ... ..	498	178	171	349	85	64	149
Faversham (Borough) ... ..	67	15	26	41	3	23	26
Folkestone (Borough) ... ..	258	120	63	183	32	43	75
Gillingham (Borough) ... ..	259	118	56	174	47	38	85
Gravesend (Borough) ... ..	169	72	47	119	27	23	50
Herne Bay ... ..	66	16	25	41	11	14	25
Hythe (Borough) ... ..	39	19	11	30	—	9	9
Lydd (Borough) ... ..	13	5	4	9	3	1	4
Maidstone (Borough) ... ..	340	133	110	243	42	55	97
Margate (Borough) ... ..	381	101	133	234	78	69	147
New Romney (Borough) ... ..	5	1	1	2	2	1	3
Northfleet ... ..	116	49	32	81	21	14	35
Orpington ... ..	251	95	94	189	23	39	62
Penge ... ..	157	54	63	117	23	17	40
Queenborough (Borough) ... ..	23	9	6	15	5	3	8
Ramsgate (Borough) ... ..	470	141	170	311	78	81	159
Rochester (City) ... ..	170	67	42	109	45	16	61
Sandwich (Borough) ... ..	13	2	8	10	2	1	3
Sevenoaks ... ..	102	22	34	56	24	22	46
Sheerness ... ..	79	25	32	57	13	9	22
Sittingbourne and Milton ... ..	192	78	73	151	24	17	41
Southborough ... ..	91	26	38	64	16	11	27
Swanscombe ... ..	85	23	33	56	19	10	29
Tenterden (Borough) ... ..	20	10	7	17	2	1	3
Tonbridge ... ..	149	53	43	96	35	18	53
Tunbridge Wells (Borough)...	139	39	42	81	26	32	58
Whitstable ... ..	96	21	39	60	20	16	36
Total Urban ... ..	6,759	2,552	2,215	4,767	1,026	966	1,992

Continued.

Table 17 (continued).

RURAL DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford, East ... ..	43	15	11	26	4	13	17
Ashford, West ... ..	52	13	14	27	15	10	25
Blean-Bridge ... ..	54	20	15	35	9	10	19
Cranbrook ... ..	150	60	44	104	22	24	46
Dartford ... ..	195	79	60	139	37	19	56
Dover... ..	42	18	13	31	5	6	11
Eastry ... ..	124	43	41	84	16	24	40
Elham ... ..	42	11	18	29	2	11	13
Hollingbourn ... ..	52	22	20	42	8	2	10
Maidstone ... ..	150	47	50	97	29	24	53
Malling ... ..	256	129	74	203	27	26	53
Romney Marsh ... ..	10	6	3	9	1	—	1
Sevenoaks ... ..	210	64	58	122	49	39	88
Sheppey ... ..	28	8	9	17	5	6	11
Strood ... ..	102	23	24	47	35	20	55
Tenterden ... ..	44	16	19	35	4	5	9
Swale ... ..	59	22	10	32	14	13	27
Tonbridge ... ..	150	58	44	102	33	15	48
Total Rural ... ..	1,763	654	527	1,181	315	267	582
Totals for County ...	8,522	3,206	2,742	5,948	1,341	1,233	2,574
No. of cases <i>removed</i> from the Registers during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification ... ..	30	14	5	19	10	1	11
2. Recovery from the disease... ..	395	125	130	255	73	67	140
3. Death ... ..	720	381	264	645	37	38	75

TABLE 18.—Showing Occupations of Patients who were notified for the first time under the Public Health (Tuberculosis) Regulations, during 1936.

Occupations.	Pulmonary.	Non-pulmonary.	Total.
MALES.			
Agents, including Travellers, Collectors, &c. ... ..	22	2	24
Attendants of all kinds ... ..	11	1	12
Building Trades, including Painters, Decorators, Carpenters, Joiners, Plumbers, &c. ... ..	31	6	37
Carmen, including Chauffeurs, Motor Men, Carriage Drivers, Engine Drivers, &c. ... ..	23	4	27
Clerks, including Secretaries, Valuers, Reporters, &c. ...	53	9	62
Domestic Servants, including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, &c. ...	24	2	26
Engineers, including Instrument Makers, Tool-makers, &c. ... ..	28	4	32
Factory and Mill Workers, including Papermakers, Leathermakers, &c. ... ..	26	3	29
Labourers of all kinds, both skilled and unskilled ...	107	9	116
Mechanics, including Boilermakers, Enginemakers, Brass Finishers, &c. ... ..	21	3	24
Miners ... ..	20	2	22
Musicians, including Pianoforte Tuners, &c. ... ..	4	—	4
Postmen, Policemen, Firemen, &c. ... ..	7	—	7
Printers, including Compositors, &c. ... ..	12	1	13
Railway Workers, including Carriage Cleaners, Repairers, Platelayers, &c. ... ..	10	—	10
School Children & Children under school age ... ..	27	105	132
Shipwrights, including Ship Fitters, Riggers, Cableworkers, &c. ... ..	1	—	1
Shopkeepers and Shop Assistants ... ..	31	5	36
*Soldiers and Sailors, including ex-Soldiers and ex-Sailors ... ..	19	2	21
Stokers ... ..	2	—	2
Tailors and Allied Tradesmen ... ..	3	—	3
Teachers ... ..	—	1	1
Tradesmen, including Butchers, Bakers, Dairymen, Grocers, &c. ... ..	31	6	37
Watermen, including Bargemen, Lightermen, Seamen, &c. ... ..	11	2	13
Unknown, various, or of no occupation ... ..	124	17	141
Total Males ... ..	648	184	832
FEMALES.			
Clerks ... ..	28	5	33
Domestics, including Housewives, Cooks, Nurses, &c. ...	341	45	386
Factory Workers ... ..	15	—	15
Laundresses ... ..	7	1	8
Printing Trades ... ..	2	—	2
School Children & Children under school age ... ..	30	102	132
School Teachers ... ..	5	1	6
Shop Assistants ... ..	35	10	45
Tailoresses, including Dressmakers ... ..	5	1	6
Unknown, various, or of no occupation ... ..	47	10	57
Total Females ... ..	515	175	690

\* In whose cases tuberculosis was accepted as attributable to War service.



**MORTALITY.**—The curves for the two sexes show a close similarity up to age 25. Thereafter the male curve exhibits a sharp rise culminating at age 45. The female curve reveals no acute peak. This rise in the male curve is generally ascribed to their more strenuous life.

The mortality has fallen at every age period for both sexes up to 1936 when the male mortality exceeded that of 1934 for the age period 5-15.

These falls have not been equal for each age period, as is shown by the curve representing the percentage fall. The minimum percentage fall in mortality is found amongst females in the age-period 15-25. In the later age periods the percentage falls for both sexes display great similarity, but they are definitely greater for females than for males. (See graph on page 91b).

The introduction of young females into industry and their living too strenuous a life, are probably responsible for the low percentage fall in mortality for the age-period 15-25. Another important factor is the indifference in young female persons to take a personal interest in their own health, particularly with regard to changing of damp clothes on reporting for work, even when facilities for this purpose are provided.

It is apparent that exposure to risk of infection has been markedly reduced in childhood.

**STATISTICAL RETURNS.**—Table 19 presents a detailed analysis of new cases seen at the dispensaries. The total number of all new cases was 2,099, and shews an increase when compared with previous years. Of this number 1,166 were found at the primary examination to be suffering from tuberculosis, and 933 were referred for further investigation and observation. Subsequently these 933 cases were classified as 110 tuberculous, 194 observation and doubtful, and 629 non-tuberculous.

TABLE 19

Year.	Total New Cases Registered.	Total Pulm. New Cases Registered	Total Non-Pul. New Cases Registered	Turban Gerhardt Classification of Pulm. Cases. Early Int. Adv.	Percentage of New Cases (Pulm. and Non-pulm.) applying for treatment in months from onset of disease within the undermentioned periods. (Percentages based on No. of cases Registered).				No of Cases Not Notified at Death.	
					3 mths.	6 mths.	12 mths.	over 12 months.	Pul.	Non-Pul.
1922	1,471	1,156	315	(last 1,000 Cases Registered). 556 368 76 (last 1,000 cases Registered).	12	14	31	43	—	—
1923	1,715	1,314	401	473 409 118	10	12	38	40	—	—
1924	1,449	1,100	349	482 460 158	12	14	31	43	—	—
1925	1,505	1,103	402	556 436 111	14	15	33	38	—	—
1926	1,426	1,039	387	518 417 104	24	19	20	37	—	—
1927	1,301	959	342	466 407 86	25	20	20	35	—	—
1928	1,169	855	314	404 372 79	31	23	14	32	—	—
1929	1,297	1,017	280	489 431 97	36	21	19	24	—	—
1930	1,307	1,037	270	499 444 94	35	23	15	27	—	—
1931	1,343	1,088	255	572 407 109	35	20	14	31	14	3
1932	1,398	1,125	273	605 428 92	38	20	15	27	22	7
1933	1,490	1,245	245	670 457 118	39	21	15	25	11	3
1934	1,595	1,321	274	818 419 84	45	19	14	22	10	8
1935	1,689	1,421	268	897 426 98	49	16	12	23	18	12
1936	1,276*	1,007	269	405 491 111	26	16	19	39	12	3

\*In addition 933 observation cases were registered with the following results :—110 diagnosed Tuberculous. (99 Pulmonary, 11 Non-Pulmonary) which are included in total cases shewn above. Of the remainder, 194 cases remained under observation as "doubtful" at the end of 1936, and 629 were found to be non-tuberculous.

Table 19 also shows the high proportion of patients applying for treatment when their disease had already reached an intermediate or advanced stage, the figures being 491 and 111 respectively. Only 26% of all new cases (pulmonary and non-pulmonary) presented themselves within three months of the onset of symptoms, thus leaving 74% of cases having a history in excess of this time. This position inevitably leads to poor results from treatment and an increase in expenditure. There must be no relaxation in the efforts to educate the public to seek medical advice as early as possible on the occurrence of suspicious symptoms. In this connection it is desirable to sound a warning against undue optimism in making public announcements as to the success of the campaign against tuberculosis. No doubt it is gratifying to be able to record each year a progressive decline in the death-rate from tuberculosis, but placing undue emphasis on this fact is likely to result in giving an incorrect impression of the magnitude of the problem still confronting the community.

The following tabular statements, based on the model tables incorporated in the memorandum 37.T (Revised) of the Ministry of Health, refer to the various activities of the County Scheme. Table 20 shows that 5,085 cases were on the dispensary registers at the commencement of the year, 3,732 new cases were examined during the year (980 being contacts), and 298 cases were transferred from other areas or resumed public medical treatment. During the year 318 cases were removed from the register as recovered, and 2,530 were removed as not suffering from tuberculosis. Cases transferred to other areas amounted to 124, 327 cases were lost sight of or declined further assistance under the scheme, while 525 cases died. At the end of the year, therefore, 5,291 cases remained on the dispensary registers.

TABLE 20.—Return showing the work of the Dispensaries during the year 1936.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. NEW CASES examined during the year (excluding contacts) :—													
(a) Definitely tuberculous ...	467	334	14	12	52	43	67	76	519	377	81	88	1065
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	52	71	33	24	180
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	448	433	359	267	1507
B. CONTACTS examined during the year :—													
(a) Definitely tuberculous	29	54	8	11	—	3	25	11	29	57	33	22	141
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	11	14	26	29	80
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	78	182	268	231	759
C. CASES written off the Dispensary Register as :—													
(a) Recovered ... ..	87	89	16	17	10	20	48	31	97	109	64	48	318
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	—	—	—	—	—	—	586	668	702	574	2530
D. NUMBER OF CASES on Dispensary Register on December 31st :— ...													
(a) Definitely tuberculous ...	1980	1532	81	78	282	311	433	334	2262	1843	514	412	5031
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	63	85	59	53	260

Continued on next page

Table 20 (continued).

1. Number of cases on Dispensary Register on January 1st ... ..	5,085	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	298
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	451	4. Cases written off during the year as Dead (all causes) ... ..	525
5. Number of attendances at the Dispensary (including Contacts) ...	23,899	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... ..	928
7. Number of consultations with medical practitioners :— (a) Personal ... ..	958	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... ..	1,557
(b) Other ... ..	3,259		
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... ..	10,396	10. Number of :— (a) Specimens of sputum, etc., examined ... ..	2,359
		(b) X-ray examinations made in connexion with Dispensary work ...	1,355
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above ...	25	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	2,169

Number of beds available for the treatment of Tuberculosis on the 31st December, in Institutions belonging to the County Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		TOTAL.
	Adults.	Children under 15	Adults.	Children under 15	
County Sanatorium, Lenham ...	165	—	—	—	165
County Convalescent Home, Cranbrook ... ..	—	—	2	24	26
Public Assistance Institutions :— ...					
County Hospital, Chatham ...	26	—	—	—	26
County Hospital, Dartford ...	30	—	—	—	30
County Hospital, Farnborough	14	—	—	—	14
County Hospital, Pembury ...	10	—	—	—	10
Dover Institution ... ..	4	—	—	—	4
Eastry Institution (in Shelters)	4	—	—	—	4
Faversham Institution (in Shelter)	1	—	—	—	1
Lyminge Institution ... ..	6	—	—	—	6
Malling Institution ... ..	3	—	—	—	3
Strood Institution ... ..	8	—	—	—	8
Thanet Institution ... ..	5	—	—	—	5
(There is no separate accommodation at the remaining Public Assistance Institutions in the County. Accommodation is made as the occasion arises.)					



TABLE 21.—Return showing the extent of Residential Treatment and Observation during the Year in Institutions approved for the treatment of Tuberculosis:—

				In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.	
Number of doubtfully tuberculous cases admitted for observation	{	Adult	M. ...	—	36	32	1	3	
		„	F. ...	3	24	25	—	2	
		Children	...	1	20	19	—	2	
		Total	...	4	80	76	1	7	
Number of Patients suffering from Pulmonary Tuberculosis	{	Adult	M. ...	267	645	533	101	278	
		„	F. ...	160	471	403	40	188	
		Children	...	30	42	33	7	32	
		Total	...	457	1158	969	148	498	
Number of Patients suffering from non- pulmonary tuberculosis	{	Adult	M. ...	41	67	57	6	45	
		„	F. ...	39	44	38	2	43	
		Children	...	143	118	87	2	172	
		Total	...	223	229	182	10	260	
Grand Total				...	684	1,467	1,227	159	765

TABLE 21a.—Return showing the extent of Residential Treatment provided during the year in Public Assistance Institutions for persons chargeable to the County Council (but not to Public Health).

				In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.		
Number of Patients suffering from Pulmonary Tuberculosis	Adult	M.	...	28	183	98	69	44		
	„	F.	...	25	142	87	41	39		
	Children		...	2	15	7	7	3		
	Total		...	55	340	192	117	86		
Number of Patients suffering from Non- pulmonary Tuberculosis	Adult	M.	...	1	16	8	6	3		
	„	F.	...	8	16	9	4	11		
	Children		...	4	15	12	3	4		
	Total		...	13	47	29	13	18		
Grand Total				...	...	68	387	221	130	104

TABLE 22.—Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution															Grand Totals		
		‡ Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
Pulmonary Tuberculosis.	Class T.B. minus †	Quiescent ...	17	26	3	25	31	3	9	5	10	2	—	7	53	62	23	138	
		Not Quiescent ...	12	10	4	17	24	1	11	11	1	—	1	—	40	46	6	92	
		Died in Institution	3	2	1	—	—	2	—	—	—	—	1	—	3	3	3	9	
	Class T.B. plus * Group 1.	Quiescent ...	4	5	—	6	9	—	10	9	—	—	1	—	20	24	—	44	
		Not Quiescent ...	14	8	—	32	20	—	26	18	—	5	2	—	77	48	—	125	
		Died in Institution	—	—	1	2	—	—	1	2	—	—	—	—	3	2	1	6	
	Class T.B. plus * Group 2.	Quiescent ...	7	5	—	16	6	—	10	9	—	4	2	—	37	22	—	59	
		Not Quiescent ...	60	38	—	84	52	2	68	43	—	15	10	1	227	143	3	373	
		Died in Institution	22	3	—	7	5	1	9	2	—	4	1	—	42	11	1	54	
	Class T.B. plus * Group 3.	Quiescent ...	—	1	—	1	1	—	—	—	—	—	—	—	1	2	—	3	
		Not Quiescent ...	10	5	—	18	4	—	10	7	—	1	2	—	39	18	—	57	
		Died in Institution	14	6	—	8	3	—	5	—	1	2	3	—	29	12	1	42	
		Totals (pulmonary)	163	109	9	216	155	9	159	106	12	33	23	8	571	393	38	1002	
	Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent ...	1	2	—	3	—	4	3	2	2	11	6	22	18	10	28	56
			Not Quiescent ...	1	2	—	—	1	—	—	—	1	1	1	1	2	4	2	8
			Died in Institution	—	—	1	1	—	—	1	1	—	2	1	1	4	2	2	8
		Abdominal.	Quiescent ...	1	—	2	3	4	5	1	3	6	—	1	3	5	8	16	29
		Not Quiescent ...	1	1	—	—	2	—	1	1	—	—	—	—	2	4	—	6	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.		Quiescent ...	1	1	—	1	—	1	1	—	—	1	—	—	4	1	1	6	
		Not Quiescent ...	2	1	—	3	—	1	1	—	—	—	—	—	6	1	1	8	
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Peri- pheral Glands.		Quiescent ...	—	—	—	1	—	13	2	2	11	—	1	3	3	3	27	33	
		Not Quiescent ...	—	1	1	1	1	—	1	—	—	—	—	1	2	2	2	6	
		Died in Institution	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	
		Totals (non-pulmonary)	8	8	4	13	8	24	11	9	20	16	10	31	48	35	79	162	

† Class T.B. minus—Cases in which tubercle bacilli have never been demonstrated.

\* Class T.B. plus—Cases in which tubercle bacilli have been found. (Group 1) Cases with slight constitutional disturbance, if any; (Group 3) Cases with profound systemic disturbance or constitutional deterioration with marked impairment of function, and with little or no prospect of permanent improvement; (Group 2) Other cases.

Seventy-nine patients were admitted periodically to the County Sanatorium at Lenham for Artificial Pneumothorax refills, for one or two days. (Total patient days 776).

‡ Patients whose stay in residential institution did not exceed 28 days are not included in this table.

TABLE A

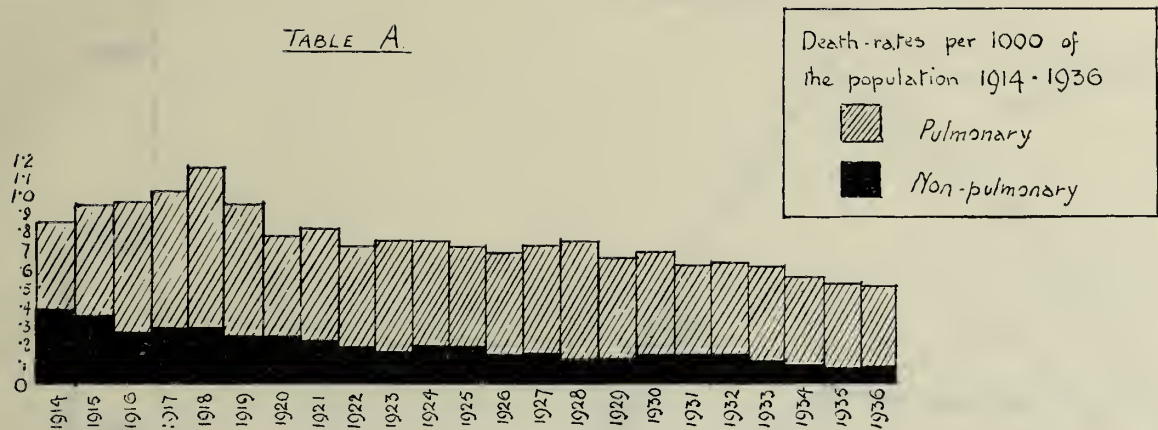


TABLE B.

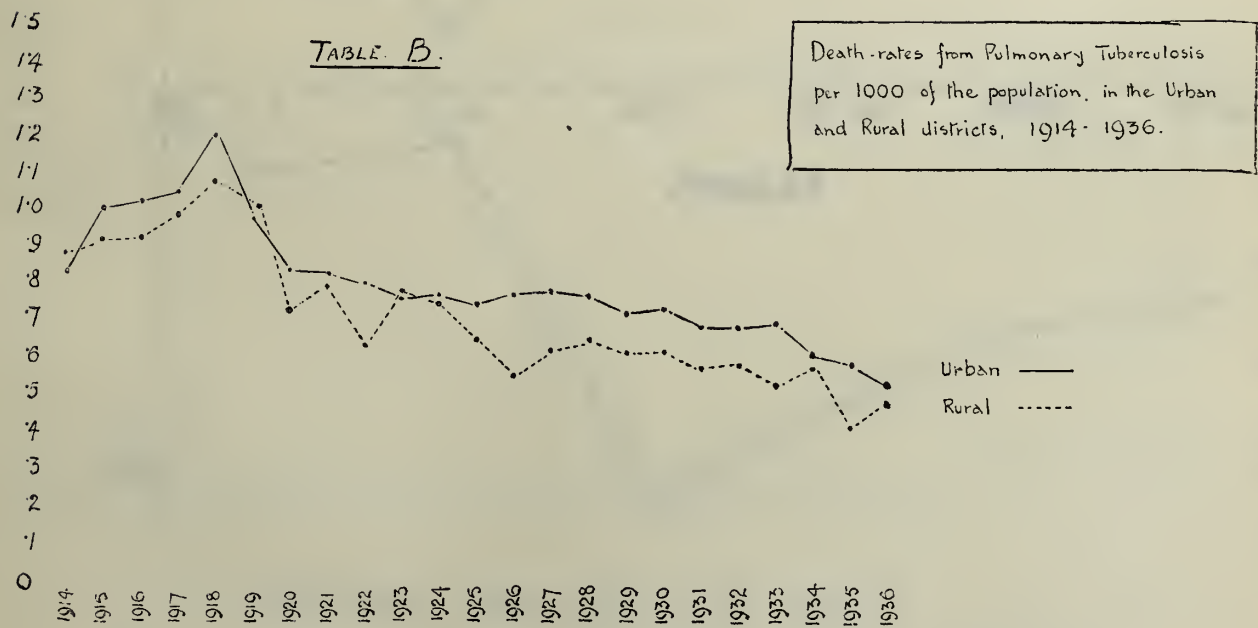
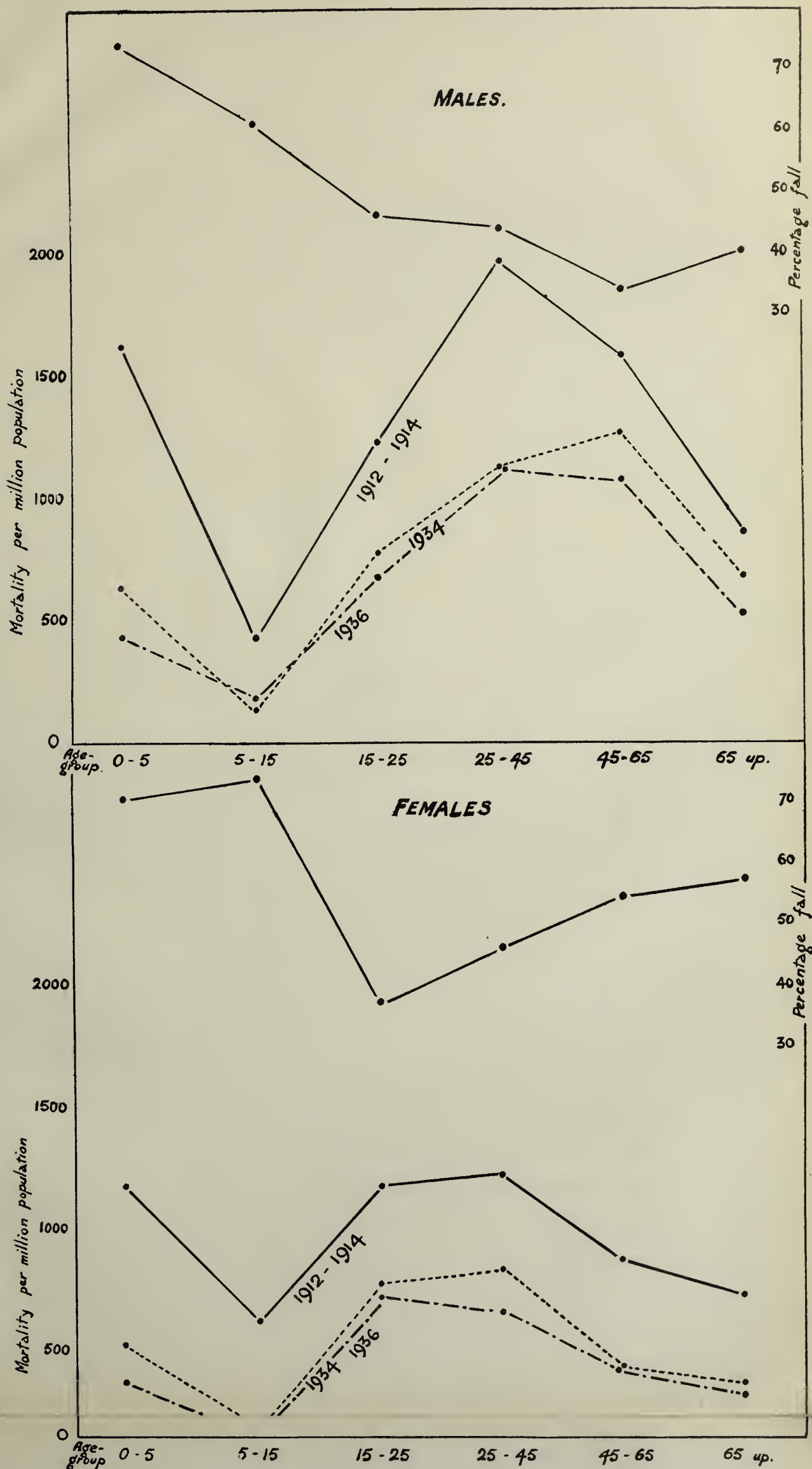






TABLE C



Graphs showing the mortality from all forms of tuberculosis, per million living persons in Kent, in the years 1936 and 1934 and the three-year period 1912-1914; arranged by age-groups in each sex, and showing the percentage fall as between 1912-1914 and 1936.





TABLE D

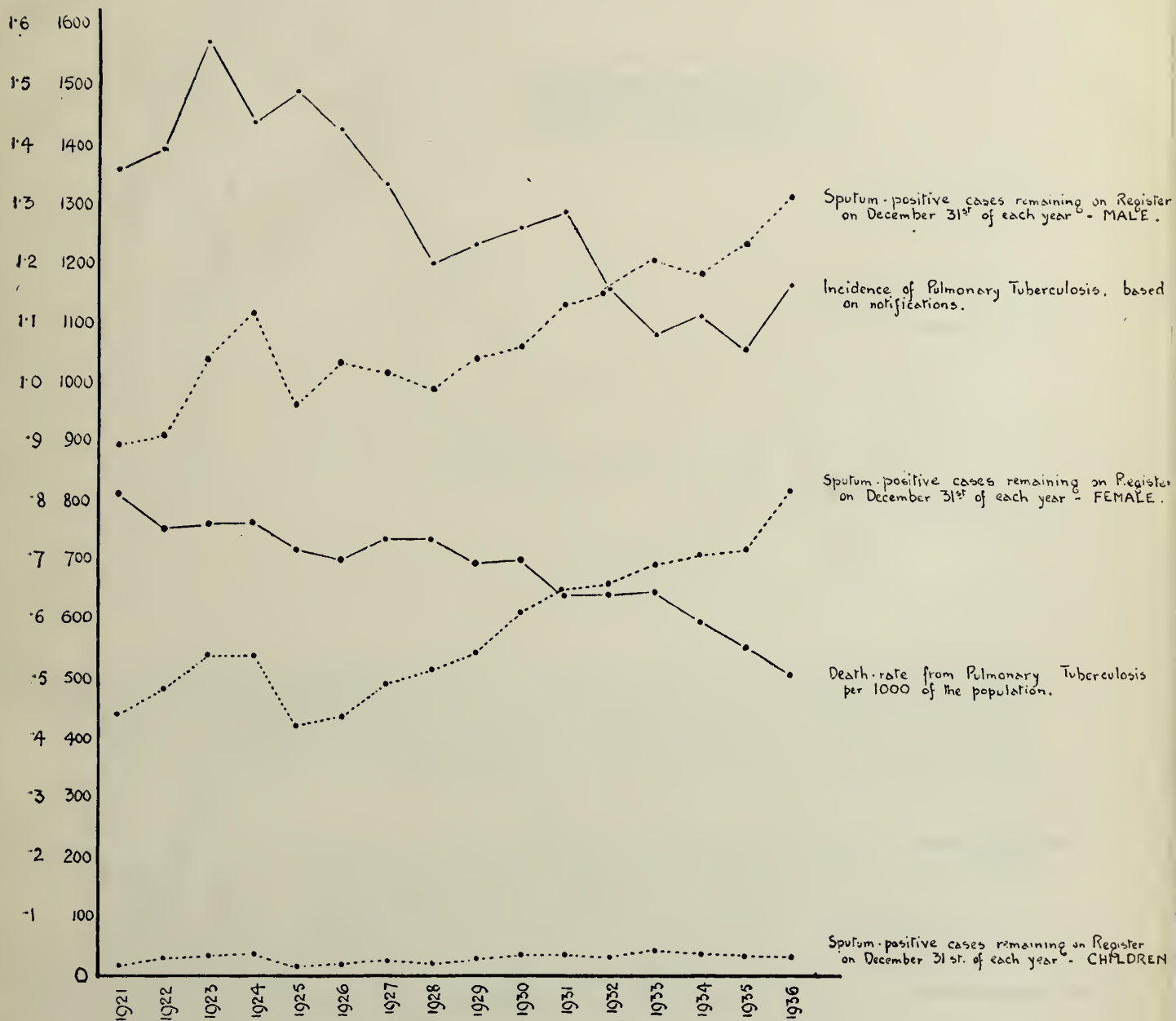




TABLE E.

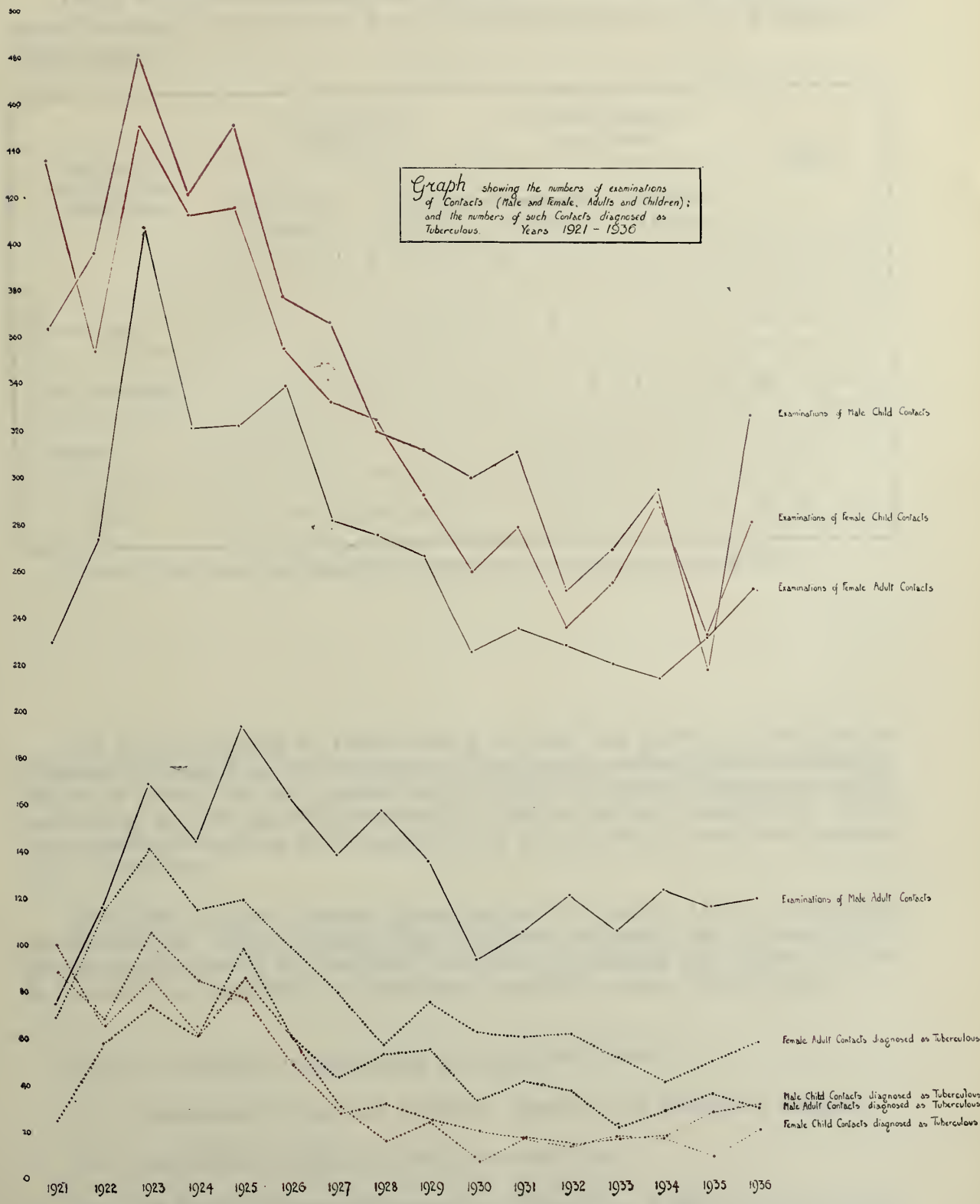






TABLE 23.—Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	5	4	—	5	2	3	—	2	—	—	1	1	10	9	4
Non-tuberculous ...	3	—	2	12	7	4	—	—	2	1	—	6	16	7	14
Doubtful ...	3	—	1	4	9	—	—	—	—	—	—	—	7	9	1
Totals ...	11	4	3	21	18	7	—	2	2	1	1	7	33	25	19

(NOTE.—Only those cases diagnosed as tuberculous are included in Tables 21 & 22).

For the period 1921 to 1936 Table E on page 91d shows:—(1) the number of contacts examined and (2) the number of these contacts suffering from tuberculosis. The table shows that the gradual yearly decline in contact examinations which occurred up to 1936, has been replaced by a rise for the year under review. There is no significant variation in the proportion of these contacts found to be suffering from tuberculosis.

Of the 980 contacts examined during the year 141 cases or 14.4% were affected by tuberculosis. This relatively high incidence is largely due to infection in females which shows a 3% increase over the corresponding male figures. There is, therefore, no suggestion of diminishing infectivity among adult contacts.

For the years 1921 to 1936 Table D on page 91c shows :—

- (1) The number of “ sputum positive ” cases on the dispensary registers.
- (2) The number of primary notifications each year.
- (3) The death-rate from pulmonary tuberculosis per 1,000 of the population.

## ADMINISTRATION—

An important change in the administration of the County Scheme was effected by the appointment of an Assistant Medical Officer for Tuberculosis Administration. This Officer, Dr. D. H. Mills, took up duty on October 1st, and, in addition to his administrative and clinical work, he made a critical survey of the whole of the County Scheme. Arising from this survey a special report has been prepared dealing with the re-organisation of the Tuberculosis Service to bring it into accord with modern ideals.

In addition to Dr. Mills, there are seven whole time tuberculosis officers, and twenty-two dispensaries, full particulars of which are given on page 93.

At the end of the year, of the 8,520 notified cases of tuberculosis in the Administrative County, 5,291 were receiving some form of treatment under the county scheme. Every effort is made to get all notified cases examined at the dispensaries so that any treatment indicated can be offered. The proposals for re-organisation have taken into account this disparity between the numbers of cases notified and cases treated.

It will be seen that there were 2,169 sputum positive cases on the registers at the end of the year, this being an increase of 174 on the figure for 1935. This type of case in childhood has remained on a practically constant level. The table shows that there is an increasing number of sputum positive cases in the population, an increasing incidence of notified cases, and a diminishing death-rate from pulmonary tuberculosis. After making due allowance for the uncertainty of notification as an index of tuberculosis incidence on the one hand and the yearly increase in the total number of sputa examined for tubercle bacilli on the other, the probable result of the present trend of incidence and mortality is an increasing reservoir of infection within the Administrative County. This position exists in spite of established sanatorium treatment. A negative sputum remains the criterion of successful treatment, and the practice of chest surgery in all suitable cases has contributed materially in this respect, with a consequent reduction of infecting cases.

Where this ideal is not practical, satisfactory segregation in the house is imperative. It is well-known that all too often the type of housing accommodation for families having a member suffering from pulmonary tuberculosis is inadequate, and precludes the application of modified sanatorium principles.

No question exists as to the influence of good housing on the secondary incidence of tuberculosis in a household containing a "sputum positive" case. Many problems need solving before every tuberculous family can be re-housed under ideal conditions. Naturally, the greatest distress exists in families where the wage-earner is the patient. Poverty, overcrowding and insanitary houses are associated with tuberculosis, and the remedy must prove a heavy burden to any authority. In the past too much stress has been put on clinical factors and too little stress on sociological factors. Little progress, if any, can be expected from merely re-housing the affected family, because, in the majority of cases the family income depreciates still further as a result of increased rent and travelling expenses. It is obvious that the voluntary organisations, now making praiseworthy contributions in this direction, cannot possibly cope with the problem with any degree of permanent success. The village settlement principle is an attempt at safeguarding the social and economic welfare of the tuberculous family, but until adopted on a national basis little success can be expected.

**TUBERCULOSIS DISPENSARY SERVICE.**—The services of the tuberculosis officers are available for the purpose of consultation in all cases receiving domiciliary treatment, and, at the request of the medical attendant, a certain number of patients are kept under the supervision of the tuberculosis officers.



There are twenty-two dispensaries in the county. Particulars as to the tuberculosis officer in charge, the address of the dispensary and the hours of attendance are given below. Information is also given as to additional area allocated to each tuberculosis officer for visitation purposes :—

**District No. 1.**—Population, approx., 264,553.

(Tuberculosis Officer in Charge, WILLIAM BEARE MARTIN, M.R.C.S.(Eng.) L.R.C.P.(Lond.), D.P.H.)

	<i>Address.</i>	<i>Day and Time of Opening.</i>	<i>Additional Area for Domiciliary Visitation.</i>
*DARTFORD	... 41 Overy Street	... Monday, 1.30-3.30 p.m.	Dartford R., Crayford, U.
(Tel. No. 3378)		Thursday, 5.30-6.30 p.m.	Swanscombe U. Bexley U.
Erith	... 65 Bexley Road	... Monday, 5.0-6.0 p.m.	Northfleet U., and part of
		Thursday, 2.0-4.0 p.m.	Strood R.
Gravesend	... 22 Cobham Street	... Wednesday, 1.0-3.0 p.m.	

**District No. 2.**—Population, approx., 189,800.

(Tuberculosis Officer in Charge, CHARLES ROPER, B.A.(Camb.), M.D., B.C., D.P.H.)

*ROCHESTER	... 13 New Road	... Friday, 9.30-10.30 a.m.	Part of Strood R., Chat-
(Tel. No. Chatham 2182)		Tuesday, 2.0-3.0 p.m.	ham, B., N.E. fringe of
		and 5.0-6.0 p.m.	Malling R., N.W. fringe
Gillingham	... 228 Nelson Road	... Tuesday, 9.30-10.30 a.m.	of Hollingbourn R., W.
		Friday, 2.0-3.0 p.m. and	quarter of Swale R.,
		4.0-5.0 p.m.	Queenborough B., and
Sheerness	... Granville Villa,	Thursday, 11.0 a.m.-	Sheppey R.
	Granville Road	... 1.0 p.m.	

**District No. 3.**—Population, approx., 131,170.

(Tuberculosis Officer in Charge, HENRY LEATHAM GRABHAM, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.(Lond.), D.P.H.)

*TONBRIDGE	... The Old Cottage	... Monday, 1.30-3.30 p.m.	Sevenoaks R., Tonbridge
(Tel. No. 228)	Hospital	Thursday, 5.15-6.0 p.m.	R., Southborough U.,
Sevenoaks	... Dorset House	... Tuesday, 1.30-3.30 p.m.	Cranbrook R., S. fringe
Tunbridge			of Malling R.
Wells	... 34 Calverley Street	... Monday, 5.0-5.45 p.m.	
		Thursday, 1.30-3.0 p.m.	

**District No. 4.**—Population, approx., 150,360.

(Tuberculosis Officer in Charge, JAMES ALEXANDER ROBSON, M.D., B.Ch., B.A.O.(Belf.), D.P.H.)

*MAIDSTONE	... 4 Station Road	... Tuesday, 10.30 a.m.-12.30 p.m.	Malling R. (except N.E.
(Tel. No. 2987)		Friday, 10.30 a.m.-12.30 p.m.	and S. fringes), Maidstone
Sittingbourne	... 36 Albany Road	... Monday, 11.0 a.m.-1.0 p.m.	R., Swale R. (except W.
Faversham	... 13 South Road	... Wednesday, 11.0 a.m.-1.0 p.m.	quarter), Hollingbourn
			R. (except N.W. fringe).

**District No. 5.**—Population, approx., 186,030. (Vide note † below)

(Tuberculosis Officer in Charge, THOMAS MASSEY PEARCE, M.D.(Lond.), M.R.C.S., L.R.C.P.(Lond.), D.P.H., R.C.P.S.)

*FOLKESTONE	... 80 Dover Road	... Monday, 10.0 a.m.-12.0	Bridge-Blean R., (part of),
(Tel. No. 3040)		noon and 2.30-6.0 p.m.	Elham R., part of Dover
Canterbury	... 11 Longport Street	... Friday, 10.0 a.m.-12.0	R., and Hythe, Ashford
		noon and 1.15-2.30 p.m.	E. and W. R., Romney
Dover	... 9 Eastbrook Place	... Tuesday, 10.0 a.m.-12.0	Marsh, New Romney B.,
		noon and 1.30-3.30 p.m.	& Lydd B., Tenterden B.
Ashford	... 1 Barrow Hill Place	... Thursday 11 a.m.-1.0 p.m.	and R.
(Tel. No. 622)			

**District No. 6.**—Population, approx., 179,657.

(Tuberculosis Officer in Charge, CAROL C. ALEX. DE VILLIERS, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.), B.A., B.Sc.)

*RAMSGATE	... Charlotte Cottage,	... Wednesday, 1.30-3.30	Bridge-Blean R., (part
(Tel. No. 640)	Market Place	p.m.	of), Whitstable U., Broad-
Herne Bay	... 16 High Street	... 1st and 3rd Thursday each	stairs U., Eastray R.,
		month 1.15-3.15 p.m.	part of Dover R., Sand-
Margate	... Eton House,	Friday, 2.0-4.0 p.m.	wich B.
	St. Peter's Road		
Deal	... 16 Clanwilliam	2nd and 4th Thursday each	
	Road, Deal	... month 2.0-4.0 p.m.	

**District No. 7.**—Population, approx., 232,890.

(Tuberculosis Officer in Charge, BASIL ALGERNON GORDON ARCHIBALD EDELSTON, M.D., Ch.B.)

*BROMLEY	... 2 Park Road	... Wednesday, 1.30-3.30 p.m.	Beckenham B., Anerley &
(Tel. No. 2686 Ravensbourne)		Friday, 5.0-6.0 p.m.	parts of Sydenham and
Penge	... 1 Westbury Road	... Wednesday, 5.0-6.0 p.m.	Upper Norwood, Chisle-
		Friday, 1.30-3.30 p.m.	hurst and Sidcup U. and
			Orpington U.

\* Tuberculosis Officer's Head Office.

† Dr. PEARCE is also the Tuberculosis Officer for the City of Canterbury with an estimated additional population of 25,100.

**HEALTH VISITING.**—Domiciliary visiting has been carried out by forty-six health visitors who devote part time to attendance at dispensaries when and where necessary. Their duties are also combined with those of the Maternity and Child Welfare and School Medical Services. The aggregate number of days thus devoted to tuberculosis is equivalent to the time of seven whole time nurses.

From Table 20 it will be noted that 10,396 homes were visited during the year in connection with the tuberculosis scheme. As there were 8,520 notified cases on the registers at the end of the year the majority of the tuberculous patients could only have been visited once during the year.

Such sparse visiting is largely attributable to multiplicity of the duties of the various health visitors. There can be no doubt as to the important place home visiting occupies in the tuberculosis scheme, and these duties are best performed by a whole-time staff of tuberculosis nurses in the more thickly populated areas, though the existing arrangements are adequate for the more sparsely populated rural areas. The efficient conduct of health visiting demands tact, sympathy, mutual appreciation and extreme patience on the part of the health visitor. In no department of public health is the sympathetic type of personality more essential, as tuberculosis visiting means far more than the completion of the statutory environmental forms.

**RADIOLOGY.**—As in previous years, X-ray examinations have been carried out at various general and special hospitals within the Administrative County and in London. During the year, 1,355 X-ray examinations were carried out in connection with the dispensary organisation, compared with 812 for 1935. In addition, twenty-five special examinations were made in connection with patients receiving institutional treatment. It is inevitable that this aid to diagnosis will be increasingly used, and no central dispensary to-day can be considered complete without an efficient X-ray installation.

Specimens of sputum are examined in all cases where possible and the following table shows the result of such bacteriological work during the past fifteen years :

Year	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
No. of Specimens of Sputum examined	2,958	3,315	3,501	3,532	3,625	3,737	4,167	4,513	4,775	5,222	5,595	6,015	5,905	5,584	5,802
Percentage positive i.e., Tubercle Bacilli present ...	27	26	24	28	27	28	26	25	24	24	24	24	23	25	26

**TREATMENT IN INSTITUTIONS.**—The County Council Sanatorium at Lenham provides 165 beds for pulmonary tuberculosis. The remaining cases of pulmonary tuberculosis recommended for treatment are sent as required to other institutions in the South. Great difficulty has been experienced during the year in obtaining the early admission of patients owing to the increasing popularity of residential treatment. This has resulted, at times, in long waiting lists. Every effort is made to ensure that the accommodation at Lenham Sanatorium is reserved for patients suffering from early pulmonary tuberculosis, but this has often proved impossible.

There has been a further increase in the accommodation provided in outside institutions, and the number of beds occupied at the end of the year was 793.

1,854 patients received residential treatment during the year including 210 admissions into special children's hospitals.

The average duration of treatment of patients suffering from pulmonary tuberculosis was 160 days for males and 148 days for females. In cases of non-pulmonary tuberculosis the figures were 402 days for males and 316 days for females. These figures include those patients who left institutions of their own accord before completion of treatment, mainly by reason of domestic or financial troubles and also those discharged, after a short stay, for disciplinary reasons, or as being temperamentally unsuitable for treatment.

Hospital accommodation for non-pulmonary forms of tuberculosis is provided at the County Convalescent Home, Cranbrook (for children), the Alexandra Hospital, Swanley (48 beds for children), St. Anthony's Hospital, Cheam (adults) and the Royal Sea Bathing Hospital, Margate (adults and children). Early admission of the urgent case has proved difficult at times, otherwise these arrangements have been reasonably satisfactory.



**SPECIAL METHODS OF TREATMENT.**—Facilities are available at a number of hospitals for the treatment of various tuberculous skin and gland diseases by ultra violet light therapy. Sixty-one patients received this particular form of treatment during the year, the majority responding well to treatment. Special arrangements were made for several of these cases to be “boarded out” near the Hospital in London, as it proved impossible for them to travel from their homes each week-day for treatment. For patients unable to afford the travelling expenses where daily treatment was necessary the County Council provided railway season tickets.

Artificial pneumothorax therapy was further increased during the year, and assistance was given in several of these cases towards the cost of travelling expenses. Payments have also been made in respect of certain patients attending general hospitals as out-patients for pleural wash-outs, special dressings, massage and electrical treatment.

**DENTAL TREATMENT.**—The County Tuberculosis Scheme provided dental treatment for 111 patients at a total cost of £324 1s. 0d. Such treatment is only given when considered necessary for the proper treatment of the disease. In many cases a contribution from the patient or a grant from an approved society is made towards the cost of such treatment.

**OPEN-AIR SHELTERS.**—Ninety-six shelters are now in use throughout the county, one new one being provided during the year. These shelters are loaned to the patients on the recommendation of the tuberculosis officers, and they were used during the year by 123 patients.

Thanks should be expressed to Medical Officers of Health and Sanitary Inspectors throughout the Administrative County for much valuable help in connection with the disinfection of the shelters before removal.

**ANCILLARY NOURISHMENT.**—Ancillary nourishment is provided on the recommendation of the district tuberculosis officers and careful enquiry is made into the financial condition of each applicant. Every effort is made to ensure that the articles of food supplied are consumed by the patients, and in this connection the co-operation of the private doctor, the nurses and the voluntary workers has proved most helpful. 1,457 nourishment orders were issued at a total cost of £2,649. In addition, 381 recommendations to the Public Assistance Committee were made for extra nourishment for patients.

This benefit is highly appreciated by the recipients, and serves to dispel needless worry in necessitous families.

**SURGICAL APPLIANCES.**—The County Council provides surgical appliances in recommended cases where the financial circumstances of the patient are insufficient to meet the cost. In a few instances, patients or their relatives make some contribution towards the cost of the appliance. Eighty-eight such appliances were provided during the year at a total cost of £229 13s. 9d.

**AFTER-CARE.**—The scheme of after-care in the county is undertaken by the Kent Council of Social Service, and the following report, submitted by the Council, reveals further developments particularly in the way of rent assistance for re-housed tuberculous patients. The work of the Council deserves the highest praise as its obligations are fulfilled with zeal and efficiency:—

1. *Statistics.*—810 cases were dealt with during the year. The total cases referred in 1936 was 677 and in 1935, 610. Of the 810 cases referred this year, 353 were referred for the first time; 402 are patients who have received further help under the Tuberculosis Care Scheme; 55 cases are unclassified. Sixty-one cases have been referred by the Lenham Correspondent.

2. An important feature has been the operating of the County Tuberculosis Care Committee. The majority of the members are in close touch, either from



the medical or social standpoint, with those needing assistance, and have freely given their valuable knowledge and experience for the advantage of the work of the Committee.

Among matters of major importance which have been considered by the Committee during the year, has been the employment of tuberculous patients on a Farm Colony or otherwise, the convalescence of delicate contact and other children, and the responsibilities of Local Authorities in connection therewith, the provision of houses for tuberculous families and assistance with rents from funds at the disposal of the Committee.

Those responsible for the organisation of the tuberculosis care scheme are exceedingly grateful for the assistance given by members of this Committee, over these questions.

Dr. D. H. Mills, Assistant County Medical Officer of Health for Tuberculosis Administration, has been co-opted, and his experience in care work, as well as his expert knowledge of the needs of the tuberculous family, will be of great value.

### 3. *District Organisation.*—

Gravesend.—Mrs. R. O. Wright, is now Liaison Officer for this area, and is ably assisted by Mrs. Gooding who deals with certain types of case.

Sheerness.—Mrs. Haddon Beer has taken over the work. There is not a large number of cases, and a committee is not at present requested.

Tunbridge Wells.—Owing to the resignation of the Chairman and Secretary of the Sub-committee dealing with tuberculosis care, the Committee has been dissolved and the County Care Committee was asked to re-organise the district on the same lines as in other towns.

Sittingbourne.—Miss Bertolla has kindly consented to act as Liaison Officer in this district. There is no Committee, but where necessary Miss Bertolla is able to obtain the assistance of the Sittingbourne Council of Social Service.

Bromley Borough (Bromley I).—Mrs. Stuart Anderson has kindly acted as Liaison Officer since October. A group of interested members of the Bromley Council of Social Service are assisting; almost the whole of the work here will be among adults, as all children are ably dealt with by the Children's Care Committee.

The handicraft class continues to be very popular, thanks to the able Organiser, Mrs. Lee.

Chislehurst and Sidcup (Bromley II).—Mrs. Pridden has kindly taken over the work in the Chislehurst and Sidcup area, in place of Miss Pillman who has been obliged to resign.

4. *The Lenham Correspondent.*—The Lenham correspondent continues to refer patients to liaison officers, where some form of help is likely to be needed, or friendly visits appreciated. This system functions very well and has resulted in real help to many patients.

5. *Occupation and Employment.*—Handicrafts to the value of £45 8s. 4d. were sold during the year, at the Agricultural Shows and at a shop opened for the sale of Christmas greeting seals. This amount is exclusive of orders which patients are able to obtain themselves.

A glovemaking class, with seventeen pupils, is now being held at Lenham Sanatorium. When pupils are discharged from the Sanatorium they are always put in touch with the local liaison officer who is often able to assist them in getting orders. Some of the best workers, now ex-patients, are getting orders in their homes, and write to Miss Mendel, the teacher, for materials and advice.

Two patients attend a School of Art.

In one case co-operation with the Association for the Blind will result in a blind basket maker teaching an individual patient.

6. *Conference of Health Helpers.*—The sixth Conference of Health Helpers was held in Maidstone in May, and was well attended. A considerable amount of interest was shown.

7. *Christmas Seal Sale, 1936.*—The fourth Christmas seal sale for tuberculosis was held last year; Lord Harris, the President, personally signing 8,000 letters. Eighteen districts took part. A profit of £1,230 5s. 6d. resulted and the same proportion, namely 60% was returned to the districts; £100 has been transferred to the reserve fund and the balance £399 8s. 8d. transferred to the central case fund.

8. *Central Case Fund.*—The four beds at convalescent homes have been continuously occupied; these four beds will be continued, but the Committee decided to adopt the principle of sending a greater number of children away for shorter periods.

The Weekly Case Sub-committee continues to meet weekly to administer the fund, under the Chairmanship of Dr. A. S. Ransome, M.B., B.C., D.P.H.

9. *General Policy.*—The suitable re-housing of tuberculous patients has received much consideration, and a letter has been sent by the Chairman to Clerks to all Local Housing Authorities, appealing that special consideration may be given to tuberculous applicants. It is proposed to concentrate on this matter still further and to get all possible local support.

10. *Clothing*—continues to be collected, mended and cleaned by a small party of ladies. The Committee is indebted to these ladies and also to the Misses Kirk, who attend the Central Office twice weekly and keep the clothing store in order and pack up parcels.

One or two Committees are forming their own clothing depot, which leaves the clothing at the central office available for those areas where this cannot be done.

11. *Convalescent Homes*—letters are collected as required.

Analysis of Cases dealt with during the year :—

Type of help.	Total help required.	Needed help given.	Help at present unobtainable.	Application		Percentage of cases successfully dealt with (excluding applications withdrawn and those under investigation).
				with-drawn.	still under investigation.	
Employment ...	75	21	4	1	49	84%
Housing ...	48	12	4	3	29	75%
Training ...	9	4	1	—	4	80%
Nourishment ...	147	137	—	1	9	100%
Care of Children	14	10	—	—	4	100%
Convalescence ...	54	42	2	1	9	95%
Clothes ...	68	63	—	—	5	100%
Surgical ...	20	14	—	1	5	100%
Supervision ...	226	215	—	1	10	100%
Financial ...	70	63	4	—	3	94%
General ...	109	83	2	1	23	97%
Totals ...	840	664	17	9	150	97%

Cases referred for the first time ... 353

Cases referred in previous years on which further action has been taken ... 402

Cases unclassified ... 55

810

(NOTE.—The totals are somewhat greater than the total number of individual patients dealt with, because in some cases a patient needs more than one form of help, e.g. housing and nourishment).

In this connection the Penge Philanthropic Society is doing useful work in the Penge and Anerley Districts and its services in general are highly appreciated.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925 AND SECTION 62 OF THE PUBLIC HEALTH ACT, 1925.—No action taken during 1936.



COUNTY DISPENSING STATION.—Particulars of medicines supplied for the use of the tuberculosis service during the last financial year are as follows :—

1936-7.	Bottles of Medicine (including Cod Liver Oil Preparations).	Lozenges and Pastilles. lbs.	Ointments. Boxes.	Surgical Dressings. lbs.	Bandages. No.	Pills, Capsules, etc. No.
To Dispensaries	34,788	22	172	102	72	35,000
To Lenham Sanatorium	4,228	94	172	864	1,020	32,450
To Cranbrook Convalescent Home	... 190	4	—	151	288	1,288

This statement does not include such items as clinical thermometers, inhalers, acids, spirits, etc., or disinfectants, etc., supplied in bulk.

### LENHAM SANATORIUM.

ACCOMMODATION.—165 Beds. 90 Male. 75 Female.

The staff consists of Medical Superintendent, Assistant Medical Officer, Matron, Chaplains, two Engineers, two Clerks, six Sisters, sixteen nurses, one Cook, one Storekeeper, twenty Domestic (seven Male and thirteen Female), two Laundrymaids, two Stokers, four Porters, one Maintenance Officer and two male assistants, one Bailiff, one Laundry man and two Gardeners.

There were 348 patients discharged during the year (191 males and 157 females). Included in this figure are twenty-seven males and twenty-six females who were admitted for a period of " observation " and subsequently diagnosed as follows :—

Definitely tuberculous	11 males	8 females.
Non-tuberculous	10	9
Doubtful	6	9

During the year there were nineteen deaths from pulmonary tuberculosis (twelve male and seven female).

The average length of stay for males was 159 days and for females 172 days. There were thirty-one more discharges as compared with the previous year.

Seventy-eight per cent. of the male patients and seventy-one per cent. of the female patients had been in regular employment prior to admission to the Sanatorium.

On admission, 151 patients gave a family history of tuberculosis.

Table showing family history :—

Relatives died from, or still affected with, pulmonary tuberculosis.

Relatives					Patients	
					Males	Females
Mother	...	...	...	...	5	14
Father	...	...	...	...	11	22
Brothers and Sisters	...	...	...	...	44	29
Wife	...	...	...	...	6	—
Husband	...	...	...	...	—	3
Others	...	...	...	...	11	6

COLLAPSE THERAPY.—Sixty pneumothorax inductions (or 19.1%) were undertaken during the year (31 males and 29 females). Of this number twenty-four were unsuccessful or abandoned after a short interval.

Sixteen (or 27%) of the cases treated by pneumothorax developed a pleural effusion of appreciable quantity. Of these, two became a pyo-pneumothorax with serious consequences. With only one or two exceptions the cases treated belonged to the B2 group. Nevertheless the results have on the whole been most encouraging.

On the 31st December, 1936, twenty-seven patients in the Sanatorium were undergoing this special form of treatment and, in addition, thirty-nine out-patients were attending for refills (twenty-two males and seventeen females).

1,122 refills were given to in-patients and 774 to out-patients, making a total of 1,896 for the year, a decrease of 577 as compared with the previous year.



Sixteen patients (6 male and 10 female) were recommended on discharge to attend at one of the London hospitals for refills. Such recommendations are made on account of the shorter journey involved.

Sixteen patients were recommended to various hospitals for special surgical treatment.

AUROTHERAPY.—Seventy-nine cases were treated with Sanocrysin or Solganal “B.” Various reactions interfered with the treatment in sixteen cases.

Striking improvement has occurred in a considerable percentage of the cases, particularly in the X-ray appearances after treatment. For this reason one is convinced that in selected cases aurotherapy still has its place in the treatment of pulmonary tuberculosis.

RADIOGRAPHY.—699 radiographs of in-patients were taken during the year. All patients are radiographed within a few days of admission and in special cases one or more films are taken of the same patient before his or her discharge. In addition, 1,778 X-ray screenings were undertaken, mostly in connection with pneumothorax work.

172 cases attended the Sanatorium, on the recommendation of the tuberculosis officers, for special radiographs (94 male and 78 female) an increase of thirty-seven over the previous year.

DENTAL TREATMENT.—This was recommended in sixteen cases (9 male and 7 female).

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The year under review shows an increase in the number of advanced cases. This is reflected in the fall of the number of patients fit for full work on discharge and in the total number of arrested cases. Patients not recommended for full work had, however, derived great benefit from treatment. Many were able to return to their usual occupation by concessions from the employer. A change of occupation was recommended only in exceptional circumstances.

The number of “bed” cases has remained high, but these cases it should be remembered are not all advanced. Patients undergoing special treatment and new admissions frequently come under this heading. Long periods of complete rest are often necessary in the early cases as well as in other types.

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VARIOUS.—A portion of ground on the North side of the Sanatorium, which had previously been levelled, was surfaced with tar macadam and is now used entirely as a car park for visitors.

A new battery of Esse Cookers has been installed to replace the obsolete kitchen range and has proved to be most economical, efficient and labour saving.

The recreation room for male patients, commenced in 1935, was completed and occupied during the year 1936. It is one of the best and most useful improvements to the Sanatorium during the year.

Books and other gifts have been received from the British Red Cross Society and the County Library and are gratefully acknowledged.

Patients manage two libraries, their own newsagency, and edit a magazine. There are also games committees with a chairman of each sex.

Numerous concerts have taken place in the main recreation room. Whist drives have been organised by the patients and outdoor games and competitions arranged during the summer months.

Staff and patients have co-operated to the benefit of all.

For the purpose of the following tables the Turban Gerhardt classification has been used :—

TABLE 24—Showing the condition of patients discharged from Lenham Sanatorium during 1936

Classification on admission to Institution.		Condition of lungs on discharge.	Duration of Treatment in the Institution.																Totals.
			Under 3 months.				3-6 months.				6-12 months.				More than 12 months.				
					Ch.				Ch.				Ch.				Ch.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pulmonary Tuberculosis.	Class A.	Quiescent ...	10	9	1	—	13	15	2	1	6	8	2	3	—	—	—	—	70
		Not Quiescent	5	5	—	1	12	6	1	—	9	13	1	—	—	3	—	—	56
		Died ...	1	—	—	—	1	—	—	2	—	—	—	—	—	1	—	—	5
	Class B. Group 1.	Quiescent ...	—	1	—	—	2	1	—	—	3	4	—	—	—	—	—	—	11
		Not Quiescent	6	—	—	—	13	7	—	—	14	12	—	—	5	2	—	—	59
		Died ...	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	3
	Class B. Group 2.	Quiescent ...	—	—	—	—	1	1	—	—	—	3	—	—	—	—	—	—	5
		Not Quiescent	7	5	—	—	9	8	—	2	29	16	—	—	7	3	—	1	87
		Died ...	5	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	7
	Class B. Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not Quiescent	—	1	—	—	1	—	—	—	3	—	—	—	1	1	—	—	7
		Died ...	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	4
Observation for diagnosis.			Under 1 week.				1-2 weeks.				2-4 weeks.				More than 4 weeks.				
	Tuberculous ...		—	—	—	—	3	2	—	—	3	3	—	—	4	2	1	1	19
	Non-Tuberculous ...		—	—	—	1	1	—	—	—	2	1	—	—	5	7	2	—	19
		Doubtful ....	1	—	—	—	—	—	—	2	1	—	—	3	7	—	1	15	

The various groups to which these patients are classified are :—

		Males.		Females.	
Group " A "	...	64	or 36·6%	67	or 48·2%
" B1 "	...	43	or 24·6%	30	or 21·6%
" B2 "	...	59	or 33·7%	40	or 28·8%
" B3 "	...	9	or 5·1%	2	or 1·4%

Quiescent	...	86, i.e., 27·4%	of total patients discharged
Not Quiescent	...	209, i.e., 66·5%	(excluding " Non-Tubercular "
Died	...	19, i.e., 6·1%	and " Doubtful " cases.)

TABLE 25—Showing degree of fitness for work of patients on discharge from the Lenham Sanatorium during the year 1936.

MALES.		FEMALES.	
Classifications :—(X) Fit for the highest grade Sanatorium work. (Y) Fit for light work. (Z) Unfit for work.			
	Classification on discharge.		Classification on discharge.
Class “ A ”	62 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} 12 & (19\cdot4\%) \\ 34 & (54\cdot8\%) \\ 16 & (25\cdot8\%) \end{cases}$	Class “ A ”	64 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} 9 & (14\cdot1\%) \\ 25 & (39\cdot0\%) \\ 30 & (46\cdot9\%) \end{cases}$
Class “ B1 ”	43 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} 5 & (11\cdot6\%) \\ 14 & (32\cdot6\%) \\ 24 & (55\cdot8\%) \end{cases}$	Class “ B1 ”	27 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} 9 & (33\cdot3\%) \\ 8 & (29\cdot7\%) \\ 10 & (37\cdot0\%) \end{cases}$
Class “ B2 ”	53 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} — & (—\%) \\ 21 & (39\cdot6\%) \\ 32 & (60\cdot4\%) \end{cases}$	Class “ B2 ”	39 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} 11 & (28\cdot2\%) \\ 7 & (17\cdot9\%) \\ 21 & (53\cdot9\%) \end{cases}$
Class “ B3 ”	5 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} — & (—\%) \\ — & (—\%) \\ 5 & (100\%) \end{cases}$	Class “ B3 ”	2 $\begin{matrix} X \\ Y \\ Z \end{matrix} \begin{cases} — & (—\%) \\ — & (—\%) \\ 2 & (100\%) \end{cases}$

Excluding 19 deaths (12 males and 7 females).

Analysis of above table :—

				Males.	Females.
Fit for highest grade Sanatorium work	...	...	...	17	29
Fit for light work	...	...	...	69	40
Unfit for work	...	...	...	77	63



TABLE 26—Showing the increase of weight of patients discharged from the Lenham Sanatorium during the year 1936.

Classification on Admission.	INCREASE (in pounds).					Weight Stationary	Weight Lost	Percentage showing increase	Totals.
	0-5	5-10	10-15	15-20	Over 20				
MALES.									
Class " A " ...	8	18	20	9	11	—	5	91·9	62
Class " B1 " ...	7	9	7	5	5	1	9	76·7	43
Class " B2 " ...	12	10	6	7	7	1	10	79·2	53
Class " B3 " ...	—	—	2	—	—	—	3	40·0	5
FEMALES.									
Class " A " ...	8	15	21	7	6	1	6	89·1	64
Class " B1 " ...	7	6	4	5	3	—	2	92·6	27
Class " B2 " ...	5	7	7	7	7	—	6	84·6	39
Class " B3 " ...	—	—	—	1	—	—	1	50·0	2

Excluding 19 deaths (12 males and 7 females).

TABLE 27—Showing results of examination of sputum on admission to, and discharge from, the Lenham Sanatorium during the year 1936.

Sex.	Total.	No Sputum.	— On admission.	— On admission.	+ On admission.	+ On admission.
			— On discharge.	+ On discharge.	— On discharge.	+ On discharge.
Males ...	175	30	62	11	52	20
Females ...	139	60	30	1	41	7
Totals ...	314	90	92	12	93	27

During the year under review, 1,907 sputum examinations for tubercle bacilli were carried out at the Sanatorium.

#### CRANBROOK CONVALESCENT HOME.

The staff consists of a visiting surgeon, local visiting medical officer, chaplain, matron, three nurses, three maids, two gardeners and one part-time clerk.

The accommodation at this institution, 26 beds, has been fully occupied throughout 1936. 34 patients were discharged during the year, including 1 man, 15 boys and 18 girls, and their average duration of stay was 221 days.

Of the 34 cases discharged, 25 were quiescent, 1 arrested and 6 not quiescent. Two cases were discharged as non-tuberculous after a period of observation.

Four cases were transferred to hospital for further treatment.

#### TREATMENT OF CRIPPLED CHILDREN.

The county scheme for the treatment of crippled children continued to operate satisfactorily during 1936.

The scheme includes the provision of eighty beds at the Alexandra Hospital at Swanley, not less than forty-eight being for tuberculous cripples and not more than thirty-two for patients suffering from crippling defects due to other causes. The whole of these beds are now occupied by Kent patients. For those children who are of school age education is provided.

Necessary surgical appliances are provided for patients on the recommendation of the orthopædic surgeons, and X-ray films are taken at various approved institutions. Cases arising for electrical treatment, massage, exercises, etc., receive daily treatment, where necessary, at certain of the clinics, at St. Mary's convalescent Home, Birchington, or at the homes of the children.

The parents of patients are asked to contribute towards the cost of institutional treatment and surgical appliances, in accordance with their means.

In addition, the following three hospitals have provided a limited number of beds for patients who do not require prolonged institutional treatment, viz. :—

- (a) West Kent General Hospital, Maidstone.
- (b) Kent and Canterbury Hospital, Canterbury.
- (c) County Hospital, Dartford.

These three hospitals have each established a properly equipped orthopædic out-patient department, and a complete list of out-patient clinics is set out below :—

Address.	Day and time of Opening.	Orthopædic Surgeon Attends.	Name of Surgeon.
Ashford Child Welfare Centre, Station Road, Ashford.	Each Wednesday at 11.30 a.m.	First and third Wednesdays in each month.	A. L. Moreton, Esq., M.S., M.B., F.R.C.S., L.R.C.P.
School Clinic, College Road, Margate	Each Tuesday at 11.30 a.m.	First and third Tuesdays in each month.	Ditto.
Kent and Canterbury Hospital, Canterbury.	Each Wednesday, from 10 a.m. to about 1 p.m.	Each Wednesday.	A. B. Beresford-Jones, Esq., M.S., M.B.
County Hospital, Dartford.	First Tuesday in each month at 4.0 p.m. and third Tuesday in each month at 2.30 p.m.	At each opening.	H. E. Batten, Esq., F.R.C.S., L.R.C.P.
*Tuberculosis Dispensary, 41 Overy Street, Dartford.	First Tuesday in each month at 3.0 p.m.	Ditto.	Ditto.
West Kent General Hospital, Maidstone.	Each Friday. New Patients should arrive at the Union Street entrance of the hospital before 10 a.m., if possible. No patient is admitted after 11.15 a.m.	Ditto.	A. H. Todd, Esq., M.S., M.B., B.Sc., F.R.C.S., L.R.C.P.
Dorset House, St. John's Road, Sevenoaks.	Each Monday at 10.30 a.m.	Second and fourth Mondays in each month.	A. L. Moreton, Esq.
Sheerness Town Welfare Centre, Marine Parade, Sheerness.	Each Monday at 11.30 a.m. ...	First and third Mondays in each month.	Ditto.

\*For tuberculous cripples only.

Voluntary Committees of Ladies interested in the work, assist at the Ashford, Broadstairs, Sevenoaks and Sheerness Clinics.

Travelling expenses of patients are met by the Kent County Council in necessitous cases.

The above arrangements apply to :—

- (i.) All crippled children under five years of age living in the area in which the County Council is responsible for maternity and child welfare.
- (ii.) All children attending schools of the Kent Education Committee.
- (iii.) All tuberculous cripples up to sixteen years of age.
- (iv.) Children (under five years of age or attending elementary schools) in the following autonomous districts, the Councils of which have arranged to participate in the County scheme :—

Boroughs of Faversham, Gravesend, Margate, Dartford.

Urban Districts of Ashford, Bexley, Crayford, Milton and Sittingbourne, Northfleet, Sevenoaks, Sheerness.

Rural Districts of Dartford, and Tonbridge.

TABLE 28—The following are particulars of attendances of patients at the orthopædic *out-patient* clinics during the year ended December 31st, 1936 :—

Clinic.	New Patients.	Attendances.	Old Patients.	Attendances.	Total Attendances of all Patients.	Allocation of Attendances.				No. of openings of Clinics.
						County T.B.	County M.C.W.	K.E.C.	Autonomous Authorities.	
Ashford ...	48	464	51	472	936	23	17	827	69	53
Canterbury ...	69	178	46	138	316	19	70	220	7	52
Dartford ...	277	624	259	640	1,264	73	49	1,023	119	37
Maidstone ...	51	119	66	188	307	47	73	187	—	49
Margate ...	35	207	28	177	384	46	74	69	195	52
Sevenoaks ...	58	351	55	524	875	27	107	668	73	49
Sheerness ...	43	130	79	596	726	14	60	553	99	49
Special Attendances for Massage, etc. ...	—	—	—	—	4,521	10	127	4,022	362	—
Totals ...	581	2,073	584	2,735	9,329	259	577	7,569	924	341

TABLE 29—Classification of defects of the 581 children who attended the *out-patient* clinics for the first time during 1936 :—

Defect.	Tuberculosis Cases.		M.C.W. Cases.		School Cases.		Autonomous Cases.	
	M.	F.	M.	F.	M.	F.	M.	F.
Clubfoot ...	—	—	5	5	4	3	3	7
Congen. disloc. of Hip ...	—	—	—	1	3	—	—	2
Congen. malformations ...	—	—	5	3	7	16	5	1
Congen. paralyses ...	—	—	4	2	12	13	1	4
Tuberculosis {	Hip ...	2	4	—	—	—	—	—
	Knee ...	—	—	—	—	—	—	—
	Ankle ...	—	—	—	—	—	—	—
	Foot ...	6	5	—	—	—	—	—
	Joints of Upper Limb ...	—	—	—	—	—	—	—
Spine ...	6	4	—	—	—	—	—	—
Deformities due to Rickets ...	—	—	23	9	26	24	18	15
Poliomyelitis and resulting deformities	—	—	1	—	5	2	2	—
Flatfoot ...	—	—	—	2	39	45	4	4
Curvature of Spine ...	—	—	—	3	45	88	1	1
Deformities, etc., the result of fracture	—	—	4	1	19	6	—	—
Amputations for injury or disease ...	—	—	—	—	2	1	—	—
Disabilities from osteitis and periostitis	—	—	1	—	3	4	—	1
Arthritis ...	—	—	—	—	2	—	1	—
Deformities due to Nerve injury or disease ...	—	—	—	1	3	3	1	—
Other deformities ...	—	—	3	1	3	8	2	1
No information ...	—	—	3	—	2	1	—	1
No defect discovered ...	—	—	1	2	5	4	1	—
Totals ...	14	13	50	30	180	218	39	37



	Alexandra Hospital.	Kent and Canter- bury Hospital.	County Hospital Dartford.	West Kent General Hospital Maid- stone.	Total.
Number of patients admitted during the year	40	17	45	8	110
Number of patients discharged during the year	40	15	44	6	105
Number of patients under treatment on December 31st, 1936	96	3	5	2	106

Twenty-eight children received in-patient treatment under the County M.C.W. Scheme, one-hundred-and-two through the Kent Education Committee, and nine from the areas of autonomous authorities.

Number of patients on the waiting list for institutional treatment on December 31st, 1936—36.

Contributions towards the cost of in-patient treatment of cripples under five years of age, who were admitted to institutions during 1936 :—

	County M.C.W.
i. Number of patients voluntarily contributing	4
ii. Number of cases unable or unwilling to contribute	5
iii. Number of patients whose parents are box holders or pay day contri- butors to the hospitals concerned	6
iv. Number of cases in course of settlement	—

(No charge is made against parents for out-patient treatment under the County M.C.W. scheme, nor is any charge made against parents who are box holders or pay day contributors for in-patient treatment under the County M.C.W. Scheme.).

Additional matters dealt with during the year :—

	County M.C.W.	Kent Education Committee.	Public Assistance Committee.	Autonomous Authorities.	Total.
Patients X-rayed for diagnosis purposes	7	37	—	5	49
Surgical Appliances provided for patients	41	249	6	41	337
Plaster Jackets fitted or renewed	—	8	—	—	8
Necessitous cases for travelling expenses :					
New cases in 1936	13	66	—	—	79
Old cases	5	32	—	—	37

The cases arising for travelling expenses, include patients who were unable to pay their own expenses in making journeys to the out-patient clinics, to institutions, or to obtain surgical appliances or special treatment recommended by the ortho-pædic surgeon, e.g., massage, special exercises, sunlight clinic treatment, etc.

## Section E

### ISOLATION HOSPITALS.

My Annual Report for 1930 included a table showing the accommodation available at each of the isolation hospitals in the county ; and minor improvements or deficiencies have been recorded in succeeding annual reports.

Alterations, improvements, deficiencies and matters of general interest taken from the district reports for 1936 are given below.

*Ashford U.*—The nurses' hostel (mentioned in my last report as being needed) was built during the year ; and the eight new cubicles similarly mentioned, are now being added.

*Dartford B.*—The extensions to the Bow Arrow Hospital (which will provide a new administration block, and new wards to increase the accommodation for patients up to 133 beds) are nearing completion.

The arrangement whereby small-pox cases have hitherto been received into the small-pox hospital of the London County Council, is now under review.

*Deal B.*—Repairs and re-decorations were carried out, and electric lighting installed.

*Folkestone B.*—The proposed new provision for small-pox is urgently needed, as the present premises are quickly deteriorating.

*Herne Bay U.*—On the recognized standard of one bed per thousand of population, the number of beds here is insufficient.

Certain deficiencies need attention, such as the replacement of the present pail closets by a water-carriage system, with connection to the main sewer : the erection of a discharge-block and a cubicle-block : and additional accommodation for staff.

*Hythe B.*—A doctor has been appointed to attend all infectious cases admitted to the Folkestone isolation hospital from both Hythe Borough and Elham Rural. The present small-pox hospital is said to be 'incapable of use.'

*Sittingbourne and Milton U.*—Pneumonia cases are now received at the Keycol Hill Hospital.

*Tonbridge U.*—External painting was carried out on some of the buildings of the Capel hospital.

*Tunbridge Wells B.*—The extension of the diphtheria block, which has increased the accommodation by a further eight beds, was completed and opened in the early part of the year : and improvement has been effected in the supply of water for fire purposes.

*Whitstable U.*—The Council is endeavouring to make temporary arrangements with Dover Corporation for the isolation of infectious cases, pending the coming into operation of the East Kent Joint Scheme.

*Bridge-Blean R.*—Additional accommodation should be provided, for other notifiable infectious diseases.

*Hollingbourn R.*—Scarlet-fever and diphtheria cases are admitted to the isolation hospital of the Maidstone Rural District Council, at Loose. " This hospital provides accommodation for scarlet fever and diphtheria only : there is no provision for complicated cases of measles, for erysipelas, or for puerperal cases, and such limited facilities for the hospital treatment of infectious diseases cannot be regarded as sufficient."

*Maidstone R.*—Electric light was installed during the year.

## VOLUNTARY HOSPITALS.

A full list of voluntary hospitals in the county was published in my annual report for 1930, and changes have been recorded in subsequent reports.

There are a few references to changes, improvements or inadequacies in this direction, in the reports for the districts for 1936, and these are appended.

*Beckenham B.*—The local hospital is to be enlarged.

*Chatham B.*—Additional buildings are being erected at St. Bartholomew's Hospital at Rochester, which will provide a further fifty beds: an additional operating theatre is in use: and an extension of the nurses' home is nearly completed.

*Chislehurst and Sidcup U.*—The number of beds in general hospitals, available for this district, is said to be inadequate.

*Deal B.*—The new out-patients' department was completed and brought into use, early in the year: and additions to the public wards were completed early in 1937.

*Folkestone B.*—There is inadequacy of hospital facilities at present, but an extension scheme has been prepared to meet this.

*Herne Bay U.*—The new general hospital was opened at the end of the year. Its thirty-four beds are allocated to nine men, nine women, six children, and ten private patients.

## PUBLIC ASSISTANCE HOSPITALS.

The following system of classification of institutions is in force:—

*Willesborough Institution.*—This institution is used entirely for mental patients, for which purpose a new block was erected some years ago.

*Hothfield Institution.*—This is still used as a mixed institution. The majority of the accommodation is for house cases and chronic sick patients. The more complicated sick cases which arise are, wherever possible, transferred either to the County Hospital, Pembury, or one of the other County Public Assistance Hospitals.

*County Hospital, Farnborough.*—The rapidly increasing population in North-West Kent has occasioned heavy pressure on the accommodation at the County Hospital, Farnborough, which remains fully occupied. The new ward block of 100 beds was completed and brought into use in September, 1936.

The scheme for the provision of an X-ray unit is now well in hand and the apparatus should be in use within the course of the next few months.

Senile patients not requiring specialised nursing are not now admitted to the County Hospital, Farnborough, but sent direct to the Orpington Institution.

As from the 1st May, 1936, the Ministry of Health recognised the hospital as a Public Assistance Hospital within the meaning of article 75 of the Public Assistance Order, and in pursuance of the revised arrangements the Medical Officer has been designated Medical Superintendent, and a Steward appointed.

A scheme is now in hand for the provision of a new Maternity and Children's Block of 100 beds. The erection of this building will necessitate the demolition of the quarters at present occupied by house cases who will be accommodated elsewhere. When this alteration has been made the Hospital will be entirely used for "hospital" purposes.

*Orpington Institution.*—During 1936 work was commenced upon the adaptation of the former Ministry of Pensions Hospital, Orpington, into a general institution for the Bromley and District Area in particular, and also to serve for this purpose in respect of the whole county.



When the works have been completed most satisfactory accommodation will be available for 600 infirm patients. In connection with their nursing a special scheme has been instituted for the appointment of trainee assistant nurses, which is proving very useful and satisfactory. A number of active aged persons will also be maintained at the institution and special accommodation will be provided experimentally for certain of the aged women.

*County Hospital, Dartford.*—This hospital continues to be used to its full capacity. During the period under review work upon the remodelling scheme and the erection of the new maternity unit was commenced.

The various clinics have been in full use during the period under review and in connection therewith a fully equipped gymnasium has been provided. In June, 1935, approval was given to the establishment of a urological clinic which has already proved of great value and is being continued permanently.

The special treatments available at Dartford are utilised by patients from other parts of the county as well as persons residing in the vicinity. The X-ray apparatus was installed in May, 1936, and has proved of great assistance in the work of the hospital. The scheme for the provision of permanent accommodation is now well in hand.

The overcrowding of the hospital has necessitated consideration being given to the erection of a further block of 100 beds, and the matter is now well advanced.

*Gravesend Institution.*—This continues to be used as a mixed institution.

*Faversham Institution.*—Very little alteration has taken place at this institution which continues to be used as a mixed institution, and is normally able to meet the requirements of the district. The laundry has been entirely remodelled.

*Milton Institution.*—This continues to be used very much as formerly, although the proportion of chronic sick cases is much higher than prior to the transfer from the Guardians to the County Council. This is mainly due to the fact that it has been necessary to arrange for the institution to relieve the pressure on other institutions. Improvements have been carried out to the previously very inadequate sanitary accommodation in the infirmary.

*County Hospital, Sheppey.*—The scheme for alterations and additions to the hospital has now been completed in its initial stage, but consideration is still being given to further developments. A small X-ray unit has been provided and is now in use.

The special facilities for the reception of maternity cases continue to be very widely used to meet the needs of the Isle of Sheppey, and the practice of allowing patients to be treated by their own doctors has proved to be very acceptable to patients.

*Coxheath Institution.*—The main scheme of remodelling has now been completed. The old school block has been adapted for the reception of mental defectives and mental patients. This has enabled the very unsatisfactory male mental wards at Chatham to be closed and has relieved the pressure on other institutions in the county.

*Cranbrook Institution.*—This continues to be used for the accommodation of ordinary house cases and chronic sick cases, together with a certain number of able-bodied mental defectives.

The new nurses home is now occupied.

*Malling Institution.*—This continues to be used as previously and meets the needs of the district, providing accommodation for ordinary house cases and chronic sick cases.

Any patients requiring special hospital treatment are transferred to the County Hospital, Pembury.

*County Hospital, Chatham.*—Formerly known as the Medway Hospital. There has been continued pressure on the accommodation at this hospital.

The new ward block of eighty-nine beds was brought into use in November,

1936. During the period under review consideration was given to a scheme for the erection of a new maternity unit. This is now well in hand.

*Thanet Institution.*—At times there has been pressure on the infirmary accommodation.

During 1935 further consideration was given to the erection of a new nurses' home and improvements and additions to the infirmary accommodation. Detailed schemes were approved by the County Council at its meeting in July, 1936.

The new nursery was completed during 1936, and has proved to be most satisfactory.

*Blean Institution.*—This continues to be used as previously, the infirmary being used for female mental patients.

*Bridge Institution.*—This continues to be used mainly for ordinary institution and senile cases.

*Eastry Institution.*—This continues to be used very largely for the reception of mental defectives and mental patients, and although some of the accommodation is not at all suitable for the purpose, the institution has been of assistance in taking cases from other Public Assistance Institutions where mental defectives would otherwise have been accommodated with ordinary inmates.

In view of the development of Leybourne Grange Colony for the reception of mental defectives it is considered inadvisable to carry out any extensive works of a capital nature at Eastry, but various essential improvements have been effected and a scheme is in hand for the installation of a lift in the infirmary block.

*Lyminge Institution.*—This continues to be used as a mixed institution for the Folkestone and District Area, and also to a certain extent to relieve the pressure on other institutions in the vicinity.

During the year detailed consideration was given to a scheme for the provision of additional hospital accommodation providing in the first instance for an increase of 228 beds. This is at present awaiting the sanction of the Minister of Health.

*Dover Institution.*—This is still in use for general institutional cases. Good progress has been made with the remodelling scheme and sundry works of improvement have also been carried out to the sick wards.

*County Hospital, Pembury.*—This hospital is still used as formerly. Patients requiring special hospital treatment have been transferred thereto from other parts of the county. During 1936 the scheme for the provision of an X-ray unit was put in hand and the apparatus has now been installed.

A modern sick children's hospital is now available at Pembury and consideration has been given to various other improvements to the accommodation at the hospital.

*Sundridge Institution.*—This institution is still used entirely for female mental and mentally defective patients.

## CHILDREN'S HOMES.

*Charing Children's Home.*—This home is now only used for girls and there is accommodation for twenty.

*Langley House, Milton.*—This home provides accommodation for thirty boys.

*Church House, Milton.*—There is accommodation for thirty-one girls in this home.

*Malling Children's Home.*—The home at Malling consists of two houses which were converted into one, and is used to accommodate sixteen girls.



*Medway Children's Home.*—The home consists of seventeen houses each having accommodation for sixteen children, but on some occasions it has been necessary to have seventeen children in each house. There is a receiving block with accommodation for thirty-four children.

A building which had been erected to provide isolation accommodation has been equipped as a hospital for sixteen children. Two staff nurses are employed. This prevents the necessity of transferring to the County Hospital, Chatham, children suffering from minor ailments.

The accommodation at the home not only meets the needs of the Medway Area, but the majority of the children from the Bromley and District and Dartford and District areas are admitted to this home. Children are also sent from the Maidstone and District area.

In view of difficulties peculiar to the home, during 1936 consideration was given to the question of the erection of a central kitchen and dining hall, which has since been approved in principle.

*Lorne Villa, Strood.*—This home will be used in future for the training of elder girls from the Medway Children's Home.

*Manston Children's Home.*—There is accommodation for 144 children at this home. Owing to the healthy situation of the home it is the practice to transfer thereto a number of delicate or convalescent children from other homes or institutions in the county. The Home meets the needs of the North-East Kent Area. There is some surplus accommodation which has been used to meet the needs of the county generally. A scheme is now in hand for the erection of a separate residence for the Superintendent, and the provision of accommodation for Committee meetings.

*Eastry Children's Home.*—Since its transfer to the County Council, new buildings have been erected to provide accommodation for an additional eighty-four children in six houses each accommodating fourteen children.

This Home now accommodates twenty-three girls and eighty-four boys. A combined recreation hall and instructional workshop will be provided at this home.

*Cheriton Children's Home.*—Two additional houses have been erected each providing accommodation for fourteen children and a foster mother. There is now accommodation for ninety-six children. There is a gymnasium which was presented to the Guardians by a former member. A playing field has been provided near the home.

*Riverhead Children's Home.*—This home provides accommodation for twenty-five children. The building was formerly a dwelling house and has been adapted for the purpose for which it is now used. This home meets the needs of the area in so far as girls are concerned.

*Chalfont Receiving Home.*—This home has now been closed.

## CASUAL WARDS.

*County Hospital, Farnborough.*—It was thought that it might be necessary to extend these wards but the matter has remained in abeyance. Certain minor improvements have, however, been effected.

*Cranbrook Institution.*—New wards have been provided at this institution and are proving quite satisfactory in use.

*Dover Institution.*—Provision is being made for female casu-als to be accommodated in the Female Receiving Ward to be built under the remodelling scheme. The new wards for male casu-als have continued to prove satisfactory.

*Faversham Institution.*—The new wards at this institution have proved satisfactory and no further works of any importance have been carried out.



*Gravesend Institution.*—A scheme is under consideration for the remodelling of these wards to provide additional day-room and sanitary accommodation.

*Hothfield Institution.*—The new wards erected in this institution some time ago continue to provide satisfactory accommodation.

*Lyminge Institution.*—Approval has been given to the improvement of the bathing facilities in the male casual wards.

*Malling Institution.*—Land has been acquired on which to erect new casual wards and the general scheme is under consideration.

*County Hospital, Chatham.*—The day-room accommodation is extremely unsatisfactory and a scheme is under consideration for the provision of improved accommodation.

*Thanet Institution.*—The temporary closing of the wards is under consideration.

*County Hospital, Pembury.*—Detailed consideration has been given to the scheme of extension and alteration to these wards and revised plans have now been approved.

*Sundridge Institution.*—Various minor improvements have been carried out at these wards.

Particulars of the medicines, etc., supplied from the County Dispensing station for use at the Public Assistance Hospitals during the last financial year are as follows :—

Bottles of Medicine	...	...	...	...	...	10,394
Lozenges and Pastilles (lbs.)	...	...	...	...	...	64
Ointments (boxes)	...	...	...	...	...	432
Dressings (lbs.)	...	...	...	...	...	76
Bandages	...	...	...	...	...	432
Pills, Capsules, etc.	...	...	...	...	...	62,116

These figures do not include such items as acids, spirits, powders, disinfectants, etc.

#### AMBULANCE SERVICES.

A statement of the ambulances available in the county was contained in my Annual Report for 1930, and changes since then have been referred to in the corresponding reports.

The following notes have reference to changes, etc., during 1936 :—

*Bexley U.*—The service has been extended by the purchase of a new motor-ambulance, and the inauguration of a service of removal of cases of accident and sudden illness.

*Deal B.*—A new motor-ambulance of modern type has been purchased by the St. John Ambulance Brigade.

*Hythe B.*—A new ambulance has been purchased.

*Queenborough B.*—A new ambulance has been provided by the Council.

Two minor criticisms are noted from the reports. The medical officer of health of *Hollingbourn Rural* mentions that there is no adequate provision for the transport of cases of puerperal fever : and for *Romney Marsh Rural* it is pointed out that although the St. John Ambulance at Lydd is available for the western part of the district, there is no public ambulance to serve the eastern area.

## Section F

### COUNTY PATHOLOGICAL LABORATORIES.

The year 1936 marked the close of a quarter of a century since the County Laboratory was inaugurated. The year was distinguished by the fact that new premises became available, and the work is now carried on under ideal conditions. As would be expected, since 1911 the work in the Laboratory has steadily increased, and as Table 30 shows, the examinations performed reached a maximum of 50,128 for the current year, this being more than double those performed in 1926 (24,919). The branch laboratories at the County Hospitals at Pembury and Farnborough have proved very successful, and during the year work was begun at further branch laboratories at the County Hospitals at Dartford and Chatham, and the County Mental Hospital, Barming. Each of these laboratories is in charge of a technician, and the Senior Pathologist makes a weekly visit to inspect and advise on matters of difficulty. Approval has also been given to equip a branch laboratory at the Lenham Sanatorium, and the technician in charge there, will commence duties on January 1st, 1937. Media, stains, solutions, etc., required at the branch laboratories are prepared at the Central Laboratory at Maidstone: the technician in charge makes a weekly indent of his requirements, and these are taken by the pathologist to the hospitals during his weekly visit. 2,318 plates of media, 1,767 tubes of media and 64 bottles of solutions, etc., were supplied to these laboratories during the year. The preparation of this material has entailed additional work at the Central Laboratory, but the system has worked satisfactorily and it is economical in apparatus and labour. Table 39 gives details of the work performed at these branch laboratories.

A series of meetings for the laboratory technical staff were held during the year, and to these the technicians of the branch laboratories were invited. By this means close co-operation is maintained, and the technicians in charge of the branch laboratories are able to keep in touch with various developments. Certain improvements in laboratory methods have been introduced during the year and two new routine tests, the Aschheim-Zondek test for pregnancy and Lange's Colloidal Gold test on cerebrospinal fluids, are now undertaken as routine tests.

TABLE 30 showing comparative figures for the past ten years.

Year	Diphtheria Swabs	Widals (Typhoid Fever)	Sputum (Pulmonary Tuberculosis)	Venereal Diseases	Water Examinations	Milk Examinations	Histological Examinations	Preparation of Auto-genous Vaccines	Ringworm	Various	Branch Laboratories	Total
1927 ...	18,115	577	3,737	2,719	72	171	364	178	558	1,870	—	28,461
1928 ...	22,278	440	4,167	3,381	107	184	360	161	559	1,468	—	33,105
1929 ...	22,582	365	4,513	3,982	106	177	351	178	469	1,849	—	34,572
1930 ...	25,887	388	4,775	4,766	158	198	414	167	497	1,830	—	39,080
1931 ...	18,672	385	5,222	5,042	167	219	423	153	437	2,544	—	33,264
1932 ...	14,414	446	5,595	5,199	153	267	580	155	294	3,598	—	30,701
1933 ...	15,561	301	6,015	5,981	234	321	523	174	199	4,648	—	33,957
1934 ...	21,722	270	5,905	6,411	151	355	503	168	255	5,044	—	40,784
1935 ...	20,899	262	5,584	7,648	190	2,870	492	181	201	4,207	3,760	46,294
1936 ...	14,274	294	5,802	8,364	282	3,678	555	171	182	6,843	9,683	50,128

## DIPHTHERIA

The total of investigations carried out in connection with diphtheria was lower than that for the previous year, being 3,888 swabs from acute cases as compared with 5,273 for 1935. The number of virulence tests performed has increased ; this test has now been adopted as a routine procedure in all cases of nasal diphtheria carriers.

DIPHTHERIA: TABLE 31.

	Positive.	Negative.	Total.
Acute Stage ... ..	342	3,546	3,888
Contacts ... ..	127	3,447	3,574
Discharge Cases ... ..	1,276	5,536	6,812
Virulence Tests ... ..			176
Total Examinations ...			14,450

## HAEMOLYTIC STREPTOCOCCI.

The role of haemolytic streptococci in the production of disease in human beings has been made clearer during recent years, and it is recognised that these bacteria are responsible for many of the difficult problems which confront the Medical Officer of Health and the general practitioner. Unfortunately, at present there is no rapid and simple method of classifying them. It is, however, possible by means of a special test to separate them into two main groups ; this test takes an extra twenty-four hours to carry out, but as it enables a differentiation to be made between the dangerous and non-dangerous types, it has been considered justifiable to carry it out whenever necessary. The separation of these organisms into individuals groups and types necessitates a special technique requiring a considerable amount of time, and up to the present, it has not been found convenient to do these tests at the Laboratory. Where it has been found necessary to type the organisms isolated, as in investigations connected with puerperal fever, it has been the practise to send the cultures to the Ministry of Health.

One thousand two hundred and sixty-two nose and throat swabs were examined for haemolytic streptococci in connection with Puerperal Fever, Scarlet Fever and other conditions, and eighteen cervical swabs from Puerperal Fever patients were examined.

## TYPHOID AND ALLIED FEVERS.

Sporadic cases of typhoid and allied fevers occurred during the year, and nearly 150 specimens were investigated in connection with an outbreak of food poisoning at Margate. The causal organism was recovered from the infected patients, but the source of the infection was not definitely established, as the food material was not available for examination.

TYPHOID AND ALLIED FEVERS. Table 32.

	Positive.	Negative.	Total.
Widal Test in Acute condition ...	65	229	294
Examination of fæces and urine in acute stage or to establish freedom from infection ... ..			212
			Total 506

## TUBERCULOSIS.

Löwenstein's medium for the cultivation of tubercle bacilli has been used for the detection of these bacteria in 1,534 specimens of sputum, pus and pleural fluids. Approximately 5 per cent. of the specimens which were negative on direct examination have given positive cultures. The method has the additional advan-



tage in that it enables a differentiation to be made between the human and bovine types of bacillus.

Biological tests for tubercle bacilli in pus, urines, etc., have shown an increase over the previous year.

#### TUBERCULOSIS. Table 33.

	Positive.	Negative.	Total.
Sputum ... ..	1,494	4,308	5,802
Pus ... ..			57
Pleuritic and Other Fluids ... ..			66
Urine ... ..			66
Fæces ... ..			28
Biological tests, pus, urine, etc. ...			178
			Total 6,197

#### WATER.

During the year 204 specimens of drinking water were examined and generally speaking a satisfactory standard of bacteriological purity was found.

The steady increase in the number of Public Swimming Baths and Pools has rendered it necessary to see that a satisfactory standard of cleanliness is maintained. The Medical Officers of Health of County Districts were notified that the Laboratory would examine waters from swimming baths and pools in the County, and seventy-eight specimens were received for examination. Of these, 40 were of good quality, 26 definitely bad and 12 were of fair quality.

#### MILK. Tables 34, 35 & 36

The number of producers of Accredited milks in the County is gradually increasing. This is reflected in the increased number of designated milks examined—more than twice the number examined in the previous year.

During the year 413 biological tests were performed on raw milks supplied to schools under the administration of the Kent Education Committee; of these 26 or 6.29 per cent. contained living tubercle bacilli. Of 51 pasteurised milks similarly examined, not one was found positive. The total number of school milks examined biologically for tubercle bacilli was 515 of which 29 were found positive.

There has been a decided improvement in the general standard of cleanliness of milk supplied to schools. Except for the summer term when the percentage number of 'ordinary' milks which failed to pass the tests was greater than for the corresponding term of 1935, the percentage numbers which satisfied the tests were greater than in the previous year. Table 36 shows that in 1935 20% of all milk failed to pass the tests while in 1936 only 12% failed to do so.

#### Table 34.

##### (A) Counting and *B. coli* Tests.

Designated Milk ... ..	...	1,529
(Certified, Grade A (T.T.), Grade A, Accredited, Pasteurised).	...	
School		
Kent Education Committee ... ..	...	1,524
Autonomous Areas ... ..	...	209
Others (for Medical Officers of Health, etc.) ... ..	...	416
Total ... ..	...	3,678

##### (B) Biological Tests for Tubercle Bacilli

	Positive.	Negative.	Total
Herds ... ..	9	97	106
School ... ..	29	486	515
Group samples and individual cows for County Veterinary Officer ... ..	118	1,333	1,451
Totals ... ..	156	1,916	2,072

Table 35.  
SHOWING THE RESULTS OF COUNTING TESTS ON SAMPLES OF SCHOOL MILKS TAKEN DURING THREE TERMS OF 1936.

SPRING TERM, 1936.

Organisms per c.c.	" Pasteurized."	Ordinary.	All Milks.
Over 500,000 ... ..	1	10	11
200,000-500,000 ... ..	5	15	20
<b>Total Milks failing to pass Test ...</b>	<b>6</b>	<b>25</b>	<b>31</b>
50,000-200,000 ... ..	7	62	69
10,000-50,000 ... ..	80	107	187
1,000-10,000 ... ..	79	98	177
Under 1,000 ... ..	11	14	25
<b>Total Milks passing Test ... ..</b>	<b>177</b>	<b>281</b>	<b>458</b>
Total ... ..	183	306	489

SUMMER TERM, 1936.

Over 500,000 ... ..	25	40	65
200,000-500,000 ... ..	14	23	37
<b>Total Milks failing to pass Test ...</b>	<b>39</b>	<b>63</b>	<b>102</b>
50,000-200,000 ... ..	17	50	67
10,000-50,000 ... ..	61	75	136
1,000-10,000 ... ..	81	78	159
Under 1,000 ... ..	24	13	37
<b>Total Milks passing Test ... ..</b>	<b>183</b>	<b>216</b>	<b>399</b>
Total ... ..	222	279	501

AUTUMN TERM 1936

Over 500,000 ... ..	11	16	27
200,000-500,000 ... ..	11	13	24
<b>Total Milks failing to pass Test ...</b>	<b>22</b>	<b>29</b>	<b>51</b>
50,000-200,000 ... ..	11	45	56
10,000-50,000 ... ..	36	116	152
1,000-10,000 ... ..	137	93	230
Under 1,000 ... ..	30	15	45
<b>Total Milks passing Test ... ..</b>	<b>214</b>	<b>269</b>	<b>483</b>
Total ... ..	236	293	534

TABLE 36. TOTAL SUPPLIES FOR THE YEAR 1936.  
with corresponding figures for 1935.

Term.	" Pasteurised " Milks.		Ordinary		All Milks.	
	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.
Spring 1936	6 (3.28%)	177 (96.72%)	25 (8.17%)	281 (91.87%)	31 (6.34%)	458 (93.66%)
1935	19 (10.9%)	156 (89.1%)	86 (27.8%)	223 (72.2%)	105 (21.3%)	379 (78.7%)
Summer 1936	39 (17.57%)	183 (83.43%)	63 (29.16%)	216 (70.84%)	102 (20.36%)	399 (79.64%)
1935	33 (18.4%)	146 (81.6%)	69 (22%)	244 (78%)	102 (20.7%)	390 (79.3%)
Autumn 1936	22 (9.83%)	214 (90.17%)	29 (9.73%)	269 (90.27%)	51 (9.55%)	483 (90.45%)
1935	21 (11.7%)	158 (88.3%)	63 (20.4%)	245 (79.6%)	84 (17.2%)	403 (82.8%)
Total 1936	67 (10.4%)	574 (89.6%)	117 (13.25%)	766 (86.75%)	184 (12.08%)	1,340 (87.92%)
1935	73 (13.7%)	460 (86.3%)	218 (23.4%)	712 (76.6%)	291 (20%)	1,172 (80%)

ASCHHEIM ZONDEK TEST FOR PREGNANCY.

The advantage of this test is that it enables a positive diagnosis of pregnancy to be made before clinical or radiological signs are present. During the year forty-six such tests were performed.

BIOCHEMICAL EXAMINATIONS.

The new Laboratory premises provide sufficient space for expansion in this branch of the work, and, generally speaking, all the routine biochemical tests can now be performed. During the year 678 examinations were made as compared with 476 in 1935.

Table 37.

Blood sugar tests ... ..	111
Cerebrospinal fluids (various tests) ... ..	121
Urines (various tests) ... ..	328
Occult blood in faeces ... ..	118
Total ... ..	678

HISTOLOGY.

The technique of staining sections of the central nervous system by the Weigert-Pal method was introduced.

The histological examination of 555 specimens as compared with 492 in the previous year was carried out.

AUTOGENOUS VACCINES.

171 autogenous vaccines were prepared.

VENEREAL DISEASES.

Table 38 gives the details of the Laboratory work done in connection with venereal diseases specimens. Nearly 700 more specimens were examined in 1936 than in the previous year.

The only additional work done in this department of the Laboratory was the introduction of the colloidal gold test on cerebro-spinal fluids.

VENEREAL DISEASES Table 38.

	Clinics.	Hospitals and General Practitioners.	Total.
(a) Wassermann Test for Syphilis ... ..			
On Blood ... ..	1,559	3,107	4,666
On Cerebrospinal fluid ... ..	—	241	241
(b) Smears, etc., for Gonococcus... ..	2,186	423	2,609
(c) Complement Fixation Test for Gonococcus	493	73	566
(d) Examination of serum for Treponema Pallidum ... ..	33	3	36
(e) Other Examinations ... ..	1	245	246
Total Examinations ... ..	4,272	4,092	8,364



WORK AT BRANCH LABORATORIES      TABLE 39.

	Farnborough.	Pembury.	Chatham.	Dartford.	Maidstone.
Bacteriological examinations ... ..	1,872	1,241	388	172	178
Haematological examinations—					
Counts ... ..	543	333	105	78	66
Sedimentation rate ... ..	137	398	183	—	—
Grouping ... ..	69	45	14	14	—
Coagulation time, &c. ... ..	—	—	—	1	—
Chemical examinations—					
Sugar in blood, urine, &c. ... ..	127	165	79	19	54
Urea in blood, urine, &c. ... ..	69	202	54	7	56
Test meals ... ..	12	58	13	2	2
Other examinations—					
Urine—cytological & chemical examinations	850	631	141	116	173
Cerebrospinal & other fluids :— ... ..					
cytological & chemical examinations ...	4	53	3	4	27
Fæces for parasites, occult blood, fats, &c.	206	271	8	15	12
Van den Bergh's reaction ... ..	—	19	—	—	1
Miscellaneous examinations ... ..	283	25	53	—	32
Totals ... ..	4,172	3,441	1,041	428	601

Examinations carried out in the Sheerness Auxiliary Laboratory (Dr. W. C. D. Hills).—

	Positive	Negative	Total
Diphtheria swabs ... ..	0	24	24
Sputum for T.B. ... ..	0	2	2
Hairs for ' ringworm ' ... ..	7	2	9
Totals ... ..	7	28	35

## MISCELLANEOUS. Table 40.

(a) Hairs, etc., for ringworm and similar conditions ... ..	182
(b) Blood counts (Hæmoglobin, Red and White cells and Differential) ...	181
(c) Bacteriological examinations of urine for B. Coli and other organisms	653
(d) Microscopical examinations of urine ... ..	135
(e) Cerebrospinal fluids for meningococci, tubercle bacilli and other organisms. ... ..	32
(f) Pus for bacteriological examination ... ..	166
(g) Blood for malaria ... ..	12
(h) Fæces for protozoa, worms, ova, etc. ... ..	19
(i) Fæces and urine for dysentery, food poisoning, etc. ... ..	173
(j) Agglutination tests for B. abortus, aertrycke, etc. ... ..	39
(k) Bacteriological examinations of various body fluids ... ..	108
(l) Bacteriological examinations of ice cream ... ..	32
(m) Fluids for presence of cancer cells ... ..	11
(n) Blood cultures ... ..	68
(o) Blood grouping tests ... ..	11
(p) Medico-legal examinations... ..	2
(q) Miscellaneous biological tests for County Veterinary Officer ... ..	4
(r) Miscellaneous, not classified ... ..	338
Total ... ..	2,166

# VENEREAL DISEASES.

The following is a list of the Kent county clinics:

Situation of Clinic.	Days and Times of Consultations.	Days and Hours for Irrigation.	Medical Officers in Charge.
1 Barrow Hill Place, Ashford	Men : Fridays 5 p.m. to 6 p.m. Women : Fridays 4 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell, M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.
Kent and Canterbury Hospital, Canterbury	Men : Thursdays 6 p.m. Women : Tuesdays 6 p.m.	Men Daily except Sun., and Tues., 6 p.m. to 7 p.m. Women Daily, 9.30 a.m.	H. S. Wachter, M.R.C.S., L.R.C.P., and F. L. Cassidi, M.B., Ch.B., M.R.C.S., L.R.C.P.
37 West Hill, Dartford	Men : Mondays 4.30 p.m. to 6.30 p.m. Wednesdays 5 p.m. to 6 p.m. Women : Tuesdays 4 p.m. to 6 p.m.	Men Daily except Sat., and Sun., 6 to 7 p.m. Women Mon., Wed., Thurs. and Fri., 2 to 5 p.m., Tues., 2 to 5.30 p.m.	C. M. Ockwell.
Royal Victoria Hospital, Dover	Men : Mondays 8 p.m. Thursdays 4 p.m. Women : Mondays 8 p.m. Thursdays 4 p.m.	Men and Women Daily (except Sun.) by arrangement.	T. J. Cobbe, M.B., Ch.B., B.A.O., F.R.C.S.
13 South Road, Faversham	Men : Fridays 6.30 p.m. to 7.30 p.m. Women : Saturdays 1.30 p.m. to 2.30 p.m.	Men Mon., Tues., Thurs. and Sat. at 6 p.m. Women Daily by appointment.	C. M. Ockwell.
Royal Victoria Hospital, Folkestone	Men : Mondays 4.30 p.m. to 5 p.m. Fridays 7.30 p.m. to 8.30 p.m. Women : Mondays 3.30 p.m. to 4.30 p.m.	Men Daily, except Sun., 7 p.m. to 8 p.m. Women by appointment.	W. C. P. Barrett, M.R.C.S., L.R.C.P.
22 Cobham Street, Gravesend	Men : Tuesdays 11 a.m. to 1 p.m. Thursdays 5 p.m. to 7 p.m. Women : Tuesdays 1 p.m. to 2.15 p.m. Thursdays 3 p.m. to 4.30 p.m.	Men Mon., Wed., Fri., 6 to 7 p.m., Tues., 11 a.m. to 1 p.m., 6 to 7 p.m., Thurs., 5 to 7 p.m., Sat., 1 to 2 p.m. Women Mon., 9 a.m. to 12 noon and 1 to 5 p.m., Tues., 1 to 2.15 p.m., Wed., 9 to 11.30 a.m., Thurs., 3 to 4.30 p.m., Fri., 9 a.m. to 12 noon and 1 to 5 p.m., Sat., 9 to 11.30 a.m.	H. Nicol, F.R.C.S., L.R.C.P.
Eton House, St. Peter's Road, Margate	Men : Saturdays 5 p.m. to 6.30 p.m. Women : Saturdays 3.30 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell.
36 New Road, Rochester	Men : Tuesdays 3 p.m. to 7 p.m. Thursdays 11 a.m. to 2 p.m. Women : Tuesdays 3 p.m. to 6.30 p.m. Thursdays 11 a.m. to 2 p.m.	Men Mornings (except Tues., Thurs. and Sun.) 10 a.m. to 1 p.m., Tues. 10 to 10.30 a.m., Thurs. 11 a.m. to 2 p.m. Aft. Mon., Wed. and Fri. 2 to 3 p.m., Tues. 3 to 5.30 p.m. Evenings (except Fri., Sat. and Sun.) 5.30 to 8 p.m., Fri. 7.30 to 8.30 p.m. Women Mon., Wed. and Fri. 9 a.m. to 12 noon, and 1 p.m. to 4 p.m., Tues. 1 to 6.30 p.m., Thurs. 9 a.m. to 4 p.m., Sat. 9 a.m. to 12 noon.	H. Nicol. C. G. H. Campbell, M.D., D.P.H. (Assistant).
61 Alma Road, Sheerness	Men : Saturdays 11 a.m. to 12 noon. Women : Saturdays 12 noon to 1 p.m.	Men Daily by arrangement. Women by appointment.	C. M. Ockwell.
Kent & Sussex Hospital, Tunbridge Wells	Men : Wednesdays 5.15 p.m. to 6.30 p.m. Women : Wednesdays 3.30 p.m. to 5 p.m.	Men Daily 6 to 7 p.m. Women Daily by appointment	G. L. M. McElligott, M.R.C.S., L.R.C.P.

The Kent County Council are participants in the London and Home Counties scheme.

The following are figures relating to the work of the Kent clinics :—

TABLE 41—Summary of work at separate clinics during 1936.

Institutions.	Number of openings.	Number of persons removed from the register during any previous year who returned for treatment or observation of the same infection.	New Patients				Number of persons (exclusive of those under previous heading) dealt with for the first time known to have received treatment at other centres for the same infection.	Attendances					In-Patient treatment		Patients discharged including transfers.	Still under treatment.	Number of doses of arsenoben-zene compounds given.
			Syphilis.	Soft Chancre	Gonorrhœa.	Not Venereal Diseases.		Syphilis.	Soft Chancre.	Gonorrhœa.	Not Venereal Diseases.	Attendances of Patients for Irrigation.	Patients.	Days.			
Ashford ...	48	1	3	—	5	7	4	151	—	151	19	169	—	—	21	17	55
Canterbury	99	10	12	—	20	40	10	275	—	200	104	256	6	254	52	63	204
Dartford ...	157	1	10	—	32	118	8	424	—	236	219	3,147	8	174	161	56	122
Dover ...	102	2	19	—	27	35	10	737	—	312	91	1,875	3	70	98	91	504
Faversham	100	—	8	—	4	7	—	273	—	92	16	99	—	—	13	27	65
Folkestone	101	5	11	—	12	7	17	327	9	101	14	565	—	—	47	53	200
Gravesend	105	10	57	—	126	107	27	1,668	—	1,596	195	2,725	—	—	282	288	876
Margate ...	52	6	14	—	25	36	25	806	—	548	82	2,843	—	—	85	80	248
Rochester	105	54	84	1	178	167	75	4,118	5	3,328	526	5,114	—	—	403	567	1,898
Sheerness	52	2	5	1	—	3	—	107	8	61	6	12	—	—	7	8	34
Tunbridge Wells ...	52	1	20	1	31	23	3	499	7	405	94	584	6	135	184	54	223
Totals 1936	973	92	243	3	460	550	179	9,385	29	7,030	1366	17,389	23	633	1,353	1,304	4,429
London Hospitals 1936	?	?	55	3	164	281	?	10,298					?	2,688	?	?	?

TABLE 42.

Number of persons discharged or transferred or who ceased to attend.

Institution.	Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal.	Number of persons who ceased to attend before completion of treatment and were, on first attendance, suffering from :—			Number of persons who ceased to attend after completion of treatment but before final tests of cure.	Number of persons transferred to other Centres or to institutions, or to care of private practitioners.
		Syphilis.	Soft Chancre.	Gonorrhœa.		
Ashford ...	16	—	—	—	1	4
Canterbury ...	39	4	—	—	2	7
Dartford ...	134	3	—	1	8	15
Dover ...	36	24	—	24	6	8
Faversham ...	12	—	—	1	—	—
Folkestone ...	14	11	—	8	6	8
Gravesend ...	162	13	—	26	11	70
Margate ...	57	—	—	—	2	26
Rochester ...	290	23	—	38	16	36
Sheerness ...	6	—	—	—	—	1
Tunbridge Wells ...	61	25	—	73	22	3
Totals ...	827	103	—	171	74	178



## RETURN SHOWING THE WORK OF THE COMBINED KENT CLINICS.

				Males.	Females.
(1) Number of persons who, on 1st January, 1936 were under treatment or observation for :—	Syphilis ... ..	...	...	327	292
	Soft chancre ... ..	...	...	—	—
	Gonorrhœa ... ..	...	...	345	110
	Conditions other than venereal ... ..	...	...	33	23
	Total ... ..	...	...	705	425
(2) Number of persons removed from the register during any previous year who returned during the year for treatment or observation of the same infection :—	Syphilis ... ..	...	...	36	15
	Soft chancre ... ..	...	...	—	—
	Gonorrhœa ... ..	...	...	32	9
	Total ... ..	...	...	68	24
(3) Number of persons dealt with during the year, at, or in connection with the out-patients clinics, for the first time (exclusive of persons under (4) below) suffering from :—	Syphilis primary ... ..	...	...	54	6
	„ secondary ... ..	...	...	28	13
	„ latent in first year of infection ... ..	...	...	8	13
	„ all later stages ... ..	...	...	46	30
	„ congenital ... ..	...	...	22	23
	Soft chancre ... ..	...	...	3	—
	Gonorrhœa, first year of infection ... ..	...	...	358	77
	„ later ... ..	...	...	20	5
	Conditions other than venereal ... ..	...	...	352	198
	Total ... ..	...	...	891	365
(4) Number of persons dealt with for the first time during the year known to have received treatment at other centres for the same infection :—	Syphilis ... ..	...	...	58	16
	Soft chancre ... ..	...	...	1	—
	Gonorrhœa ... ..	...	...	90	8
	Conditions other than venereal ... ..	...	...	6	—
	Total ... ..	...	...	155	24
(5) Number of persons discharged after completion of treatment and final tests of cure :—	Syphilis ... ..	...	...	66	41
	Soft chancre ... ..	...	...	2	—
	Gonorrhœa ... ..	...	...	207	83
	Conditions other than venereal ... ..	...	...	237	191
	Total ... ..	...	...	512	315
(6) Number of persons who ceased to attend before completion of treatment and who were, on first attendance, suffering from :—	Syphilis, primary ... ..	...	...	12	5
	„ secondary ... ..	...	...	9	10
	„ latent in first year of infection ... ..	...	...	—	3
	„ all later stages ... ..	...	...	20	30
	„ congenital ... ..	...	...	4	10
	Soft chancre ... ..	...	...	—	—
	Gonorrhœa, first year of infection ... ..	...	...	107	37
	„ later ... ..	...	...	21	6
	Total ... ..	...	...	173	101
(7) Number of persons who ceased to attend after completion of treatment but before final tests of cure :—	Syphilis ... ..	...	...	21	12
	Soft chancre ... ..	...	...	—	—
	Gonorrhœa ... ..	...	...	37	4
	Total ... ..	...	...	58	16

(8) Number of persons transferred to other centres or to institutions, or to care of private practitioners :—	Syphilis	...	...	42	15
	Soft chancre	...	...	1	—
	Gonorrhœa	...	...	83	16
	Conditions other than venereal	...	...	18	3
	Total	...	...	144	34
(9) Number of persons remaining under treatment or observation on 31st December, 1936 :—	Syphilis	...	...	405	282
	Soft chancre	...	...	1	—
	Gonorrhœa	...	...	390	63
	Conditions other than venereal	...	...	136	27
	Total	...	...	932	372
(10) Number of persons in the following stages of syphilis, included in (6) above, who failed to complete one course of treatment :—	Syphilis, primary...	...	...	6	—
	„ secondary	...	...	4	6
	„ latent in first year of infection	...	...	—	1
	„ all later stages	...	...	4	6
	„ congenital	...	...	1	4
	Total	...	...	15	17
(11) Total attendances of all persons at the out-patients clinics who were suffering from :—	Syphilis	...	...	5,083	4,302
	Soft chancre	...	...	29	—
	Gonorrhœa	...	...	4,819	2,211
	Conditions other than venereal	...	...	1,008	358
	Attendances for Irrigation	...	...	12,073	5,316
	Total	...	...	23,012	12,187
(12) Number of doses of arseno-benzene compounds given in the out-patient clinics and in-patient departments					4,429

Thirteen Kent patients were admitted to London Hostels during the year 1936 aggregating 1,679 days in residence.

The provision of approved “arsenobenzene” compounds to medical practitioners producing satisfactory evidence of experience in the administration of these drugs is undertaken direct from the County Health Department. My office index contains the names of one hundred and sixty-two accredited practitioners, and during the year 4,971 doses were supplied, namely, 649 to private doctors and 4,322 to medical officers of treatment centres.

The number of patients under the care of private doctors for whom these compounds were supplied during the year was 126.

In cases where patients cannot receive the treatment required unless travelling expenses are paid, the County Council defrays the cost. The fares of 50 patients were paid during 1936.

Examinations of pathological specimens for the detection of spirochætes (syphilis) and gonococci (gonorrhœa), and tests for the Wassermann reaction, are undertaken at the bacteriological laboratory attached to the County Medical Officer's Department. The numbers of examinations during the past year are shown on page 116.

Particulars of the medicines, etc., supplied from the County Dispensing Station for the use of the Venereal Diseases Clinics during the last financial year are as follows :—

Bottles of Medicine	...	...	...	...	...	3,631
Ointments (boxes)...	...	...	...	...	...	252
Dressings (lbs.)	...	...	...	...	...	461
Bandages	...	...	...	...	...	742
Pills, Capsules, etc.	...	...	...	...	...	38,680

These figures do not include such items as acids, lotions, spirits, powders, disinfectants, etc.

## PUBLIC VACCINATION.

The functions relating to vaccination were transferred from Boards of Guardians to Councils of Counties and County Boroughs, under the Local Government Act, 1929.

At the present time there are one hundred and nineteen practitioners in the county who act as public vaccinators (see list on pages 9-12).

Vaccination officers are, generally speaking, either the relieving officers or registrars of births and deaths or act in both these capacities. Their duties are to act as registrars of vaccination for the districts to which they are appointed ; to see that all children resident therein are duly accounted for as regards vaccination ; and generally to carry into effect all such provisions of the Vaccination Acts and the Vaccination Order, 1930, as are applicable to their office.

There are forty-four vaccination officers in the county and the majority are paid by fees. A list of these officers will be found on page 122a.

On the same page is printed a summary of the Returns of Vaccination Officers to the Registrar General, respecting children whose births were registered from January 1st to December 31st, 1935. From column 11 it will be observed that 233 of these births were not accounted for as regards vaccination on 31st January, 1937.

From enquiries made of Vaccination Officers, the reasons for these outstanding cases are mainly :—

- (a) Alleged default of Public Vaccinators.
- (b) Alleged default of Vaccination Officer.
- (c) Default of parents.

The necessary action was taken in the cases of alleged default, and in many cases the children have been accounted for as regards vaccination, since the returns were made to the Registrar-General.

From enquiries made of the public vaccinators it has been ascertained that during the year ended 30th September, 1936, 6,703 persons were successfully vaccinated and 1,419 successfully re-vaccinated, at the cost of the rates. Of the 6,703 persons vaccinated, 5,680 were under one year of age.



TABLE 43. Summary of Returns of Vaccination Officers to the Registrar-General respecting the vaccination of children whose births were registered from 1st January to 31st December, 1935, inclusive

Registration Districts or Registration Sub-Districts comprised in the Vaccination Officer's District.	Name of Vaccination Officer.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1935.	Number of these Births duly entered by 31st January, 1937, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:				Number of these Births which on 31st January, 1937, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1937, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor tem- porarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year—1936.	Number of Statutory Declarations of Con- scientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1936.	Number of children successfully vaccinated after the Declaration of Conscientious Objection had been made and included in column 6.	Total number of Copies of Certificates for the year 1936 sent to other Vaccination Officers.	
			Col. I. Successfully Vaccinated.	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V. Died unvaccinated.	Postpone- ment by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.						Removal to places un- known, or which cannot be reached; and Cases not having been found.
				Insus- ceptible of Vaccination.	Had Small Pox.										
1		2	3	4	5	6	7	8	9	10	11	12	13	14	15
EAST ASHFORD :—															
Brabourne (part) ...	A. G. Chandler ...	40	14	—	—	24	1	—	—	1	—	26	20	—	5
do. ...	W. J. Gilham ...	103	46	1	—	50	—	—	—	6	—	47	48	—	3
Wye (part) ...	H. H. Sutton ...	51	25	—	—	23	1	—	—	2	—	53	21	—	—
do. ...															
WEST ASHFORD :—															
Ashford (part) ...	W. J. Gilham ...	219	89	—	—	120	6	—	—	4	—	97	118	—	5
do. ...															
Calehill ...	H. H. Sutton ...	102	45	1	—	49	3	—	—	4	—	55	48	—	—
BLEAN ...	G. Linksted ...	374	134	—	—	214	8	2	8	8	—	155	212	—	17
BRIDGE ...	W. H. Wass ...	170	74	—	—	69	6	2	2	9	8	76	56	—	5
BROMLEY :—															
Beckenham ...															
Penge ...	G. W. Footitt ...	1,091	595	5	—	348	26	4	17	55	41	746	408	1	118
Bromley ...	C. C. Newington ...	728	323	3	—	338	11	14	12	27	—	291	235	—	15
Chislehurst ...	A. E. Petchey ...	624	252	2	—	294	16	—	17	43	—	374	240	—	105
Orpington ...	C. G. Hancock ...	709	309	1	—	225	23	5	109	37	—	270	222	—	21
CRANBROOK ...	J. H. Durrant ...	171	86	1	—	52	4	1	4	2	21	123	44	—	37
DARTFORD :—															
Bexley & Erith ...															
Dartford ...	F. J. Vickery ...	2,413	887	5	—	1,420	60	11	14	16	—	948	1,240	2	97
Farningham ...	A. H. Grimsey ...	194	114	2	—	67	6	—	3	2	—	155	62	—	34
DOVER ...	H. F. Abbott ...	762	313	—	—	338	30	14	19	31	17	361	295	—	47
EASTRY :—															
Deal ...	F. E. Hall... ..	462	120	4	—	279	22	4	4	29	—	139	270	—	4
Eythorne ...	L. R. Hampshire ...	136	19	—	—	94	8	—	3	12	—	19	63	—	1
Sandwich ...															
Wingham ...	A. H. Davis ...	130	44	—	—	68	4	10	—	4	—	54	107	—	5
ELHAM :—															
Folkestone ...	H. G. Wilkins (Miss) ...	730	401	5	—	259	31	3	20	11	—	424	263	—	22
Elham ...	D. S. Ryeland ...	83	35	6	—	16	2	—	20	4	—	33	13	—	5
Hythe ...	C. E. Hurle (Mrs.) ...	135	70	—	—	56	2	1	1	5	—	39	43	—	—
FAVERSHAM ...	A. R. Spillett ...	309	111	—	—	150	8	1	3	6	30	104	142	1	3
HOLLINGBOURN :—															
Headcorn ...	J. C. Marshall ...	72	42	—	—	24	3	—	—	3	—	33	21	—	9
Hollingbourne ...															
Maidstone ...	F. J. Cooper ...	709	231	—	—	415	23	5	21	8	6	271	436	—	17
Lenham ...	A. C. Joy ...	43	28	—	—	11	—	—	—	3	1	32	16	—	5
MAIDSTONE :—															
Loose ...	A. Tapsfield (Miss) ...	169	93	—	—	59	7	2	2	6	—	101	59	—	24
Yalding ...	F. W. Horrell ...	101	67	—	—	26	3	—	3	1	1	69	18	—	8
MALLING ...	A. H. Hall ...	433	192	3	—	196	5	—	14	15	8	175	173	—	15
MILTON ...	W. I. Porter ...	444	136	—	—	296	8	2	1	1	—	140	280	—	17
ROMNEY MARSH ...	A. G. Chandler ...	78	43	1	—	28	3	—	1	2	—	52	31	—	10
SEVENOAKS :—															
Penshurst ...	H. D. Thompson ...	142	88	1	—	41	2	—	1	5	4	89	51	1	17
Sevenoaks ...	R. E. Milton ...	302	157	5	—	94	6	—	17	2	21	181	85	—	20
SHEPPEY :—															
Eastchurch ...	C. F. Rosewarne ...	17	10	—	—	7	—	—	—	—	—	12	6	—	—
Minster ...	W. R. Filer ...	363	89	—	—	244	9	6	3	12	—	103	208	—	2
STROOD & HOO :—															
Hoo ...	A. E. Terry ...	76	25	—	—	9	3	—	—	—	39	22	6	—	—
Northfleet ...															
Strood ...	D. A. Gough ...	332	179	—	—	123	8	—	13	9	—	220	182	—	36
TENTERDEN ...	A. W. Pulley ...	124	66	—	—	46	2	1	2	2	5	69	38	—	7
THANET :—															
Margate ...	J. R. Taylor ...	490	158	4	—	262	23	3	9	21	10	189	267	1	20
Minster ...	T. F. Lucas ...	108	60	—	—	36	6	—	2	3	1	62	41	2	16
Ramsgate East ...	J. W. Woods ...	166	47	—	—	91	6	—	4	18	—	67	113	—	12
Ramsgate West ...	H. C. Machin ...	343	140	1	—	158	11	—	3	30	—	133	179	—	2
TONBRIDGE :—															
Brenchley ...	P. J. Palmer ...	100	51	—	—	44	2	—	1	2	—	73	60	—	14
Tonbridge ...	R. Salt ...	363	101	—	—	199	16	—	41	4	2	118	197	—	5
Tunbridge Wells ...	P. W. Austin ...	635	176	1	—	384	22	6	30	6	10	189	395	—	8
GRAVESEND ...	K. E. M. Hammond (Miss) ...	620	344	1	—	218	24	1	19	7	6	394	254	—	25
MEDWAY ...	C. H. Mardon ...	2,351	1,206	9	—	959	84	5	42	44	2	1,168	933	2	43
Total ...		18,317	7,835	62	—	8,523	554	103	485	522	233	8,551	8,219	10	881





## Section G

### AIR RAID PRECAUTIONS.

In November, 1935 the County Council set up an Air Raid Precautions Committee to deal with the responsibilities imposed by the decision of the Government to take steps to protect the civil population against the effects of air attack. Among the recommendations of this Committee was one that a specialist medical officer should be appointed to the staff of the Public Health Department to assist the County Medical Officer in the organisation and co-ordination of medical and ancillary services in the administrative county for the purposes of this special service. The officer appointed to this post, Colonel J. H. Campbell, (late R.A.M.C.) took up duties in July, 1936, as Assistant Medical Officer for Air Raid Precautions Services.

The problem of protecting the civil population against air attack is a vast one, but it will be appreciated that one of the most important of the precautionary measures is the organisation of an efficient medical service to deal with air raid casualties. In the present state of knowledge it cannot be asserted that casualties from air attack can be entirely prevented among the civil population, but it can be asserted that an efficient organisation can minimize the incidence of such casualties and see that they are afforded prompt and effective care.

In addition to certain specific tasks with which it is charged the County Council has a highly important function as a co-ordinating authority for the Air Raid Precautions schemes of the County district authorities. After discussion with these authorities the administrative county was divided into "local units" for the purpose of carrying out certain decentralised activities.

There are twenty-four such "local units" which are as follows :—

- |         |                                   |
|---------|-----------------------------------|
| No. 1A. | Penge Urban.                      |
| No. 1B. | Beckenham Borough.                |
| No. 2.  | Bromley Porough.                  |
| No. 3.  | Orpington Urban.                  |
| No. 4.  | { Bexley Urban.                   |
|         | { Crayford Urban.                 |
|         | { Erith Urban.                    |
| No. 5.  | Chislehurst and Sidcup Urban.     |
| No. 6A. | Dartford Borough.                 |
| No. 6B. | { Swanscombe Urban.               |
|         | { Dartford Rural.                 |
|         | { Sevenoaks Urban.                |
|         | { Sevenoaks Rural.                |
| No. 7.  | { Tunbridge Wells Borough.        |
|         | { Southborough Urban.             |
|         | { Tonbridge Urban.                |
|         | { Tonbridge Rural.                |
| No. 8.  | { Gravesend Borough.              |
|         | { Northfleet Urban.               |
|         | { Strood Rural.                   |
| No. 9.  | { Chatham Borough.                |
|         | { Gillingham Borough.             |
|         | { Rochester City.                 |
|         | { Maidstone Borough.              |
| No. 10. | { Malling Rural.                  |
|         | { Maidstone Rural.                |
|         | { Hollingbourn Rural.             |
|         | { Tenterden Borough.              |
| No. 11. | { Cranbrook Rural.                |
|         | { Tenterden Rural.                |
|         | { Queenborough Borough.           |
| No. 12. | { Sheerness Urban.                |
|         | { Sheppey Rural.                  |
|         | { Faversham Borough.              |
| No. 13. | { Sittingbourne and Milton Urban. |
|         | { Swale Rural.                    |
|         | { Ashford Urban.                  |
| No. 14. | { East Ashford Rural.             |
|         | { West Ashford Rural.             |
|         | { Lydd Borough.                   |
| No. 15. | { New Romney Borough.             |
|         | { Romney Marsh Rural.             |



No. 16A.	Herne Bay Urban.
No. 16B.	Whitstable Urban.
No. 17.	{ Canterbury City. Bridge-Blean Rural.
No. 18.	{ Folkestone Borough. Hythe Borough. Elham Rural.
No. 19.	{ Margate Borough. Ramsgate Borough. Broadstairs & St. Peter's Urban. Parishes of St. Nicholas-at-Wade, Sarre, Monkton, Acol, Minster.
No. 20.	{ Deal Borough. Sandwich Borough. Eastry Rural District (part not in Local Unit No. 19).
No. 21.	{ Dover Borough. Dover Rural.

Some of these units will be seen to consist of one County district only ; but the majority comprise more than one such district, and as a general rule include one or more boroughs or urban districts together with the adjoining rural districts.

In regard to single County Districts, the responsible body is the local Council, but where the " local unit " includes more than one district, a joint committee has been appointed by the respective Councils of each district.

The Canterbury County Borough Council has agreed to co-operate with the Kent County Council in its general scheme of Air Raid Precautions organisation, and to participation as a " local unit " with the neighbouring rural district of Bridge-Blean.

An agreement was reached by all the authorities concerned, that the responsibility for exercising the various functions in regard to air raid precautions should be allocated as follows :—

#### MATTERS WITH WHICH THE COUNTY COUNCIL WILL DEAL :—

- (i) Base Hospitals.
- (ii) Allocation of County Council Ambulances.
- (iii) Co-ordination of schemes of local units.
- (iv) Protection of property in the occupation of the County Council.
- (v) Allocation of County personnel and material to local units in relation to repair, etc. of roads.
- (vi) Liaison with Government Departments.

#### MATTERS WITH WHICH THE BODIES RESPONSIBLE IN REGARD TO LOCAL UNITS WILL DEAL :—

- (i) First Aid Parties and First Aid Posts.
- (ii) Provision of Casualty Clearing Hospitals and arrangements for treatment of casualties.
- (iii) Decontamination of persons and clothing.
- (iv) Provision of ambulances.
- (v) Fire services.
- (vi) Rescue work and removal of debris.
- (vii) Decontamination of material, streets, buildings, vehicles, etc.
- (viii) Repair of roads, subject to assistance where appropriate from the County Council : liaison with statutory undertakers in connexion with repair, etc. of roads.
- (ix) Organisation of emergency means of communications.
- (x) Recruitment and training of personnel required locally for air raid precautions duties.
- (xi) Anti-gas training of the general public.
- (xii) Advice to the inhabitants of the area forming the local unit as to the steps to be taken for the protection of persons and property.
- (xiii) Protection of persons under the charge of, and property in the occupation of the Local Authority or Authorities.
- (xiv) Provision of Warning Systems, subject to any views indicated by the Home Office.
- (xv) Arrangements for carrying out lighting restrictions, subject to any views indicated by the Home Office.
- (xvi) Tentative preliminary co-ordination of Schemes with those of neighbouring units.
- (xvii) Submissions of Schemes to County Council with a view of further co-ordination.
- (xviii) Records.







ASSISTANT COUNTY MEDICAL OFFICER FOR A.R.P. SERVICES.—In view of the comparatively few appointments of this nature which have hitherto been made it may be of interest to describe the nature of the duties attached to the appointment of Colonel Campbell. It was decided by the Committee that his duties should include assisting the County Medical Officer in the following matters :—

1. Advising on the number and situation of the Base Hospitals required for the administrative County and as to the emergency methods of adaptation required for making the hospitals selected immediately available for the admission and treatment of air raid casualties.
2. Advising officers of " Local Units " in preparing their schemes with the object of obtaining some degree of uniformity through the county especially as regards (a) provision of first aid posts, (b) the adaptation of hospitals or other buildings to form Casualty Clearing Hospitals, (c) arrangements for the rapid transference of patients from places where casualties have occurred to Casualty Clearing Hospitals and (d) problems concerning decontamination.
3. The preparation of a roll showing the number and location of motor ambulances available in the County, and the organisation of a comprehensive ambulance service.
4. Advising upon such matters as may be necessary to ensure co-ordination of the schemes of " local units," in so far as they relate to medical and ancillary services.
5. Co-ordinating the details of all air raid precautions work, in so far as they relate to medical and ancillary services, with the requirements of the Air Raid Department of the Home Office.
6. Co-ordination of the schemes in the County of Kent in relation to medical and ancillary services, with the schemes of neighbouring counties.
7. Advising as to the co-ordination of the medical services with problems likely to arise in connection with fire, destruction of roads and means of communication, handling of the civilian population : co-operation with the Police and other responsible officers.
8. The presentation of a final scheme showing in detail the complete organisation for medical and ancillary services.

ORGANISATION OF AIR RAID CASUALTIES SERVICES.—The type of organisation recommended for adoption by local authorities in the provision of an Air Raid Casualties Service is described in a Memorandum issued by the Home Office (A.R.P. Memorandum No. 1 2nd Edition).

This Memorandum refers mainly to the organisation suggested as appropriate for a large county borough, but, as stated in the context, towns and areas which are not county boroughs but by reason of their population and liability to attack require as full a casualty organisation, will need schemes modelled on the same lines.

The diagram on page 124a shows the general plan of the medical organisation recommended as suitable for the towns and rural areas in the Administrative County and is based on the outlines given in the Memorandum.

HOSPITAL ACCOMMODATION IN RELATION TO AIR RAID PRECAUTIONS.—A preliminary step in the consideration of the institutional facilities available for the organisation of Base Hospitals and Casualty Clearing Hospitals for Air Raid Precaution purposes, was the preparation of a schedule of all hospitals within the Administrative County showing the bed accommodation and classification according to the types of diseases admitted. Arrangements were also made for Colonel Campbell to visit all County Hospitals and Institutions, and several of the larger voluntary hospitals in the County, and discuss with the responsible authorities the various problems associated with the preparatory measures to be adopted for the admission of air raid casualties.

BASE HOSPITALS.—It is recommended in the Home Office Memorandum that, so far as is possible, Base Hospitals should be located in rural areas, but not so far from the borough or urban districts they serve, as to create a serious transport problem. It is suggested by the Chief Medical Officer of the Home Office Air Raid Precautions Department that in regard to transport by road, the distance should not, if possible, exceed thirty miles.

This Officer also recommends that, as a general rule, certain types of hospitals be not selected for Base Hospitals, e.g., Sanatoria, Infectious Diseases, Orthopaedic, and Mental Hospitals.

With these general principles in view, a tentative selection has been made of certain hospitals within three or four separate rural or semi-rural districts situated in the administrative county, each hospital being capable of receiving patients from borough or urban districts within a radius of twenty-five miles. Base Hospitals would thereby be established in centres considered less liable to aerial attack, and within thirty miles distance by road from Casualty Clearing Hospitals of surrounding districts in the county.

CASUALTY CLEARING HOSPITALS.—Casualty Clearing Hospitals should normally be chosen from the local hospitals within an area where casualties are likely to occur and their organisation is the responsibility of the local authority of the area or "local unit" concerned. The choice of suitable hospitals for this purpose will, primarily, be made on the recommendations of the local medical officers of health, and it has been ascertained that the majority of the hospitals considered suitable for this purpose have been chosen from the voluntary hospitals in the county.

County Council Public Assistance Hospitals and Institutions also form an important group which, subject to the approval of the Ministry of Health, will in certain cases be adapted as casualty clearing hospitals or Base Hospitals.

In the organisation of voluntary hospitals as casualty clearing hospitals, certain preparatory measures necessary for their adaptation for this purpose will require consideration and the following points have been suggested for preliminary consideration by the Governing Bodies of these hospitals.

1. To estimate approximately the temporary expansion in bed accommodation that might be effected by
  - (a) the utilisation of all available space within the hospital, and
  - (b) the erection of temporary structures in the immediate vicinity of the hospital.
2. To estimate approximately the average proportion of patients who could, prior to an emergency, and in order to provide hospital beds for potential air raid casualties, be removed with safety either to their homes or, by co-operation with local authorities, to other institutions.
3. The preparation of plans for the establishment of a reception and cleansing department for gas-contaminated casualties. The type of accommodation required is described in Appendix C of the Air Raid Precautions Memorandum No. 1 (2nd Edition) previously referred to :
4. (a) Means of protection against gas and  
 (b) Augmentation, if necessary, of existing fire fighting appliances.
5. Alternative means of lighting in the event of failure of the present source of supply.

As the majority of the Voluntary Hospitals in the County have representatives on one of the two regional Committees of the British Hospitals Association in Kent, the co-operation of these Committees has been requested in regard to this matter, and it is understood that the above points will be considered at future meetings of these regional Committees.



AMBULANCE SERVICES.—A list has been prepared of all motor ambulances in use within the Administrative County of Kent and the total number is found to be 124.

The average number available in each county district seldom exceeds three or four which would be quite inadequate to deal with the number of casualties that might possibly be caused by an aerial attack on a particular area.

One of the responsibilities of each local unit is the organisation of a supplementary ambulance service by the use of suitable trade vans, preferably of the 10 to 15 cwt. type, the owners of which are willing to loan their vehicles for this purpose during an emergency. From the information given by several local authorities it is considered that the possibilities of providing thereby a supplementary ambulance service in each district are very good.

A special fitment which can be readily adapted to these trade vehicles for the carriage of stretchers is at present under trial by the Home Office.

As stated in the notes accompanying the diagram on page 124a the area for which ambulance transport of casualties will be required may be divided for descriptive purposes into two zones:—

- (i) the 'collecting' zone situated between the localities where casualties may occur and the casualty clearing hospitals.
- (ii) the 'evacuating' zone from casualty clearing hospitals to base hospitals and thence onwards.

It is considered advisable that so far as possible the regular ambulances should be reserved for the evacuating zone (i.e. the transport of "clean" cases from Casualty Clearing Hospitals to Base Hospital) by reason of

- (a) decreasing thereby the danger of contamination with a persistent gas, which is more likely to be occasioned if operating within the "collecting zone."
- (b) the longer journeys that may be involved,

If a regular motor ambulance were contaminated, its decontamination would place it out of action for a considerable period, and, as so few are available, might occasion a serious transport difficulty. The adapted trade vehicles, being less elaborately fitted, and therefore more readily decontaminated, can be best employed in the 'collecting zone.'

By co-operation which will be established between the authorities concerned, the motor ambulances of neighbouring areas could be utilised to assist in the evacuation of casualties from a district requiring such assistance.

INSTRUCTION IN AIR RAID PRECAUTIONS MEASURES.—The efficient instruction of personnel who may be engaged in executive duties connected with various Air Raid Precautions services is obviously one of great importance.

The Civilian Anti-gas School established by the Home Office in June of this year provides training as instructors in anti-gas precautions for officials nominated by local authorities. The number of these officials in Kent for whom vacancies at this school could be obtained during the period under review was nine, all of whom qualified as first class instructors. It is expected that the responsible authorities of the local unit by whom these officials were nominated will provide the necessary means to enable training in anti-gas measures to be given by each of the instructors within the area concerned.

The Home Office has also appointed a number of medical lecturers to give courses of lectures on anti-gas measures and treatment of gas casualties to medical, dental, and veterinary practitioners and nurses throughout the county.

The courses of lectures on this subject were commenced in November of this year at Maidstone, and further instruction will be given in due course at other centres in the County according to arrangements made by the local Branch of the British Medical Association.

Prior to the commencement of these lectures the permission of the Chatham Naval Authorities was obtained for civilian doctors in Kent to attend the courses of instruction given to Officers at the Naval Anti-gas School, Chatham, when



vacancies at that school were available. These are five-day courses, providing instruction and demonstrations in various methods of decontamination and other anti-gas measures. The vacancies obtainable are allotted mainly to Public Health Officers in the county, and are proving most valuable.

These courses were commenced in August and up to the end of the year thirty-six medical men had attended.

Permission was also granted by the Officer Commanding the Depot, Royal West Kent Regiment, for a course of lectures and demonstrations on anti-gas measures to be given to about three hundred of the County Council's Staff.

At several other military centres in the county the co-operation of the authorities concerned was obtained for instruction to be given in anti-gas measures to various officials of local sanitary authorities.

In order to provide information to the public of the methods recommended by the Home Office for gas protection within their houses, a suitable room was prepared by the gas instructors of the Military Depot in Maidstone, and demonstrations of these measures have been given to a very large number of the public. Similar demonstration rooms are in course of preparation by several local sanitary authorities in the county.

The St. John Ambulance Brigade and the British Red Cross Society have undertaken to afford assistance to local authorities in connection with air raid precautions.

A close co-operation is therefore being maintained with the senior officials of those bodies who are organising the training of their own members and the education of the general public in air raid precautionary matters.

CO-ORDINATION OF AIR RAID PRECAUTIONS SCHEMES WITHIN THE ADMINISTRATIVE COUNTY.—One of the duties of the County Medical Officer is to advise the County Council on matters affecting the co-ordination of the schemes of local units in so far as medical and ancillary services are concerned. Accordingly Colonel Campbell spends a considerable proportion of his time in interviewing the responsible officers of "local units" and discussing the many problems encountered. He has also addressed meetings of local Air Raid Precautions Committees; and as he keeps in close touch with the Home Office his services as a liaison officer are invaluable. In addition, as he is a member of the Public Health staff, he is working in close co-operation with the other medical officers in the Department concerning the many and varied aspects of his work.

Valuable assistance could probably be given by School Medical and Dental Officers of the Kent Education Department in carrying out certain medical duties during an emergency. The suggested scope of these duties would be mainly administrative and include such matters as the supervision of the arrangements made for the evacuation of patients from local Casualty Clearing Hospitals to Base Hospitals, and the maintenance of a liaison between the County Medical Officer and local medical officers of health in relation to Air Raid Casualties services. Arrangements have been made for these officers to attend courses at the Naval Anti-gas School, Chatham, in addition to the lectures given by the Home Office medical lecturer.

The inauguration of the Air Raid Precautions scheme has presented many difficult problems and appreciation is expressed for the help and advice which has been most readily given by the officers of the Air Raid Precautions Department of the Home Office.

GENERAL ASPECTS OF AIR RAID PRECAUTIONS SERVICES.—The formation of schemes to protect the civil population against air attack is probably one of the most difficult problems that has been set local authorities, especially as such schemes can never be properly tested except in the event of war. No peacetime rehearsal can effectively replace war experience and in this, of course, the case is parallel to the working of the fighting services. It would, however, be a philosophy of despair to assume that the Air Raid Precautions Services must necessarily be inefficient because of this lack of experience in the war conditions that might possibly be encountered in the future. The Home Office Memoranda have indicated the general lines to be followed in the preparation of schemes, and if steady progress is made by local authorities in the directions indicated there is every prospect of the measures taken being reasonably effective.

A difficulty that is being experienced is the lack of a sufficient number of persons with suitable technical qualifications for the instruction of the personnel required for defensive measures against chemical warfare. Up to the present time, the experience is that the instructional facilities afforded by the Government to provide technical instructors are insufficient. It is hoped that a considerable increase in these facilities will be effected in the near future, and so avoid the danger of apathy occurring in obtaining personnel for these services since interest is very liable to wane in the absence of proper direction.

An additional factor likely to occasion difficulty is that of finance, for, as schemes near completion, money will have to be expended on certain precautionary works, and possibly materials, necessary to bring the preliminary "paper" schemes into quick and effective operation.





[illegible]

(a) Places subject to inspection.

(b) Excluding Outworkers' homes.







TABLE 45.—Showing Record of Sanitary Work undertaken by **RURAL** District Sanitary Inspectors during the Year 1936.

[illegible]

(a) Places subject to inspection.

(b) Excluding Outworkers' homes.





TABLE 46.—SHOWING CAUSES OF DEATH IN THE URBAN DISTRICTS OF THE COUNTY OF KENT DURING THE YEAR, 1936. 131c

District.	Typhoid Fever, etc.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Respiratory Tuberculosis.	Other Tuberculosis.	Syphilis.	General Paralysis of insane, etc.	Cancer.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under two years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Causes, etc.	Senility.	Suicide.	Other Violence.	Other Defined Causes.	Ill-defined Causes.	Special Causes (included also under the heading "Other defined causes").				
																																					Small-pox.	Polio-myelitis.	Polio-encephalitis.		
Ashford U. ...	1	1	—	—	—	6	—	—	10	2	—	1	42	4	23	71	—	17	5	10	3	4	1	2	1	2	7	7	—	—	8	11	1	13	30	—	—	—	—		
Beckenham B. ...	2	3	1	3	—	9	1	1	25	1	1	2	107	7	35	168	—	29	21	31	12	8	—	6	2	6	12	17	1	1	20	13	13	13	53	2	—	—	—		
Bexley U. ...	—	3	6	2	6	6	—	—	44	6	2	3	68	10	31	126	1	33	19	44	10	7	3	4	1	1	23	11	2	1	35	10	6	23	53	1	—	—	—		
Broadstairs and St. Peter's U....	—	—	—	1	—	3	1	—	4	1	—	—	38	—	13	49	—	10	5	7	3	4	—	3	2	—	3	4	—	—	1	7	3	2	11	—	—	—	—		
Bromley B. ...	—	9	2	2	3	6	—	—	30	6	—	1	88	5	30	171	2	21	18	36	5	3	1	3	1	6	11	13	1	2	16	11	3	18	43	—	—	—	—		
Chatham B. ...	—	1	1	3	2	8	1	1	36	8	1	1	66	6	29	163	2	17	15	17	8	12	3	6	1	1	3	14	1	1	21	8	9	20	43	—	—	—	—		
Chislehurst and Sidcup U. ...	—	5	—	2	2	11	—	—	26	6	3	1	69	7	14	101	1	21	9	22	3	4	6	4	3	2	11	14	2	2	21	13	3	29	38	—	—	—	—		
Crayford U. ...	—	1	—	2	1	1	1	—	9	1	1	—	25	—	6	60	1	11	9	7	1	2	2	2	—	—	6	1	—	2	5	1	1	6	13	1	—	—	—		
Dartford B. ...	—	—	—	2	—	3	1	—	13	3	1	—	45	6	10	81	2	16	19	18	4	3	6	4	—	—	9	11	2	—	9	2	6	14	27	—	—	—	—		
Deal B. ...	—	1	—	1	—	1	—	1	5	1	—	1	40	3	25	59	2	13	10	19	1	—	1	—	1	—	7	10	—	—	11	9	2	9	23	—	—	—	—		
Dover B. ...	—	5	1	—	—	5	—	—	22	6	1	2	85	9	46	125	1	11	22	19	4	9	1	2	1	—	10	11	—	2	18	13	—	19	22	1	—	—	—		
Erith U. ...	—	6	—	2	1	1	—	1	35	5	—	1	50	6	16	104	3	34	9	30	3	8	—	1	2	3	12	11	—	1	14	5	3	17	27	1	—	—	—		
Faversham B. ...	—	1	—	1	—	1	—	—	7	2	—	—	28	—	10	34	—	15	7	8	5	2	—	—	—	1	7	9	—	—	2	7	1	4	12	—	—	—	—		
Folkestone B. ...	—	3	1	1	—	6	2	—	31	5	1	1	92	8	23	151	3	36	18	20	4	6	—	6	2	2	11	15	1	1	12	13	6	18	63	1	—	1	—	—	
Gillingham B. ...	—	1	—	1	2	3	—	1	44	8	4	4	87	5	35	237	4	25	11	35	9	4	—	2	1	1	7	21	—	2	21	7	8	35	55	—	—	—	—		
Gravesend B. ...	1	2	—	2	1	1	—	—	17	5	1	2	67	7	34	95	1	28	18	23	1	3	5	2	1	3	8	13	1	1	11	30	3	17	36	—	—	—	—		
Herne Bay U. ...	—	—	—	1	—	3	—	—	13	1	1	—	32	7	11	72	1	11	3	10	4	2	—	4	2	2	6	7	—	—	6	5	1	11	23	—	—	—	—		
Hythe B. ...	—	—	—	—	—	7	—	—	4	—	—	—	25	—	8	38	1	4	4	4	—	2	—	2	—	1	3	1	—	—	4	1	3	5	11	—	—	—	—		
Lydd B. ...	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	8	—	2	—	1	—	—	—	1	—	—	2	1	—	—	2	—	—	—	—	—	—	—	—		
Maidstone B. ...	—	3	—	1	3	2	—	—	29	8	3	1	78	10	39	142	2	34	36	34	8	6	3	2	5	—	8	11	—	1	18	24	5	17	37	3	—	—	—	—	
Margate B....	1	2	—	2	—	2	—	—	21	3	2	2	91	9	42	101	1	21	12	21	6	—	—	4	3	1	12	13	2	—	16	29	8	20	39	1	—	—	—	—	
New Romney B. ...	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	8	—	—	—	—	2	—	—	—	—	—	2	2	—	—	1	1	—	1	—	—	—	—	—	—	
Northfleet U. ...	—	—	—	1	—	1	1	—	12	2	—	—	21	3	12	60	—	4	10	6	—	3	1	1	1	—	3	5	1	—	6	4	1	3	13	—	—	—	—	—	
Orpington U. ...	—	5	—	4	2	7	—	2	15	5	—	2	61	6	16	98	1	23	9	31	7	6	3	2	1	1	7	9	1	—	27	9	11	12	30	—	—	—	—		
Penge U. ...	—	4	—	2	2	1	—	—	15	1	—	1	37	2	8	84	2	14	16	19	6	8	2	3	—	1	4	5	—	—	9	23	2	10	26	—	—	—	—	—	
Queenborough B. ...	—	—	—	1	—	—	—	—	2	—	—	—	9	—	3	3	—	1	—	2	1	—	—	—	—	—	—	—	—	1	1	—	—	2	4	—	—	—	—		
Ramsgate B. ...	1	—	—	4	4	9	—	—	15	5	1	4	64	9	38	102	2	15	26	19	3	1	4	3	1	—	15	18	—	1	15	33	6	14	29	2	—	—	—	—	
Rochester C. ...	—	2	—	1	—	5	—	—	16	4	—	—	49	11	14	102	1	21	11	14	5	4	2	8	1	3	9	13	—	3	12	12	6	10	31	1	—	—	—	—	
Sandwich B. ...	—	1	—	—	—	1	—	—	—	—	—	—	4	—	4	9	—	2	—	5	—	1	—	—	1	—	2	2	—	—	3	1	—	3	3	—	—	—	—	—	
Sevenoaks U. ...	—	1	—	—	—	2	—	—	3	1	1	—	17	3	9	25	1	11	4	13	3	1	1	—	—	2	—	2	—	—	2	10	3	4	9	2	—	—	—	—	—
Sheerness U. ...	—	1	—	1	—	1	—	—	6	—	1	2	27	3	5	48	2	21	9	9	1	2	—	—	—	1	2	10	1	1	5	4	2	6	17	—	—	—	—	—	
Sittingbourne and Milton U. ...	—	—	—	—	—	5	—	1	10	1	1	1	32																												





TABLE 47.—SHOWING CAUSES OF DEATH IN THE **RURAL DISTRICTS** OF THE COUNTY OF KENT DURING THE YEAR, 1936. 131d

District	Typhoid Fever, etc.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-spinal Fever.	Respiratory Tuberculosis.	Other Tuberculosis.	Syphilis.	General Paralysis of insane, etc.	Cancer.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under two years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Causes, etc.	Senility.	Suicide.	Other Violence.	Other Defined Causes.	Ill-defined Causes.	Special causes (included also under the heading "Other defined causes").			
																																					Small-pox.	Polio-myelitis.	Polio-encephalitis.	
Ashford, East	—	—	—	—	1	3	—	—	3	2	—	—	14	—	7	33	2	5	3	2	—	1	—	1	—	—	2	3	—	—	3	4	1	6	5	—	—	—	—	
Ashford, West	—	—	—	—	—	—	—	—	4	1	—	—	15	2	11	36	1	1	1	5	2	1	—	1	1	1	1	4	—	—	8	8	2	5	11	—	—	—	—	
Bridge-Blean	—	2	—	—	—	5	—	—	9	—	1	—	40	4	12	38	2	9	4	12	1	2	1	1	—	—	5	8	—	—	8	10	3	13	20	—	—	—	—	
Cranbrook	—	—	—	1	—	1	—	—	7	3	1	—	23	3	8	61	—	8	6	2	2	—	—	3	1	1	1	2	—	—	5	3	2	7	12	—	—	—	—	
Dartford	—	—	3	1	2	5	1	1	15	2	1	2	41	3	20	90	3	15	11	28	—	4	2	3	—	1	11	13	3	1	15	4	4	12	32	1	—	—	—	
Dover	—	—	—	—	—	—	—	—	1	1	1	1	16	5	6	28	1	—	3	4	—	1	1	—	—	—	3	—	—	—	5	3	1	4	12	—	—	—	—	
Eastry	—	1	1	—	—	6	—	1	9	2	—	1	31	4	9	58	2	7	9	7	1	1	1	2	2	—	6	6	3	1	8	15	1	12	19	—	—	—	—	
Elham	—	—	—	1	—	4	—	—	4	—	—	—	18	5	5	44	—	5	1	3	—	1	—	1	2	2	1	2	—	1	4	1	2	3	10	—	—	—	—	
Hollingbourn	—	2	—	—	3	1	—	1	4	2	1	1	26	2	7	42	—	13	5	7	—	3	—	—	—	1	3	6	—	—	3	5	3	9	22	1	—	—	—	—
Maidstone	—	—	—	—	—	—	—	—	3	2	1	1	38	3	5	45	—	24	8	10	2	4	—	1	2	2	3	2	—	—	3	10	2	6	22	1	—	—	—	—
Malling	1	—	—	1	1	7	—	—	26	1	3	2	44	6	18	112	3	29	12	22	2	2	3	1	2	2	7	15	—	—	17	7	3	25	25	—	—	—	—	
Romney Marsh	—	—	—	—	—	—	1	—	1	1	—	—	2	—	1	8	—	1	1	1	—	—	—	—	—	—	—	2	—	—	—	—	—	4	3	—	—	—	—	—
Sevenoaks	—	2	—	—	1	11	—	—	16	5	2	—	60	10	21	73	3	20	7	20	1	2	2	3	2	1	12	14	—	1	14	7	4	17	36	1	—	—	—	—
Sheppey	1	—	—	—	—	1	—	—	2	—	1	—	13	2	6	13	—	2	2	3	—	—	—	1	—	1	2	—	—	—	2	6	—	3	5	—	—	—	—	—
Strood	—	—	—	1	—	5	—	—	10	1	—	—	35	1	17	53	1	7	1	12	3	1	1	2	1	—	7	6	—	1	11	7	3	12	25	—	—	—	—	—
Swale	—	—	—	—	—	2	—	—	9	2	—	—	26	3	19	55	2	5	5	5	—	2	1	2	—	1	4	3	—	—	8	4	2	10	20	1	—	—	—	—
Tenterden	—	—	—	—	—	—	—	—	2	1	—	—	8	—	2	28	—	7	2	2	—	—	—	3	1	—	1	2	—	—	—	—	—	2	2	7	—	—	—	—
Tonbridge	—	—	—	—	—	4	—	—	8	2	—	—	37	5	3	64	2	15	4	5	2	3	1	1	—	1	3	11	—	—	6	2	1	13	19	—	—	—	—	—
Totals in Rural Districts	2	7	4	5	8	55	2	3	133	28	12	8	487	58	177	881	22	173	85	150	16	28	13	26	14	14	72	99	6	5	120	96	36	163	305	5	—	—	—	—
Totals in Urban Districts	6	62	12	45	31	123	8	11	559	104	28	36	1732	162	686	3083	43	636	386	601	137	135	47	87	40	49	249	324	19	27	382	351	133	419	938	19	—	2	—	—
Totals in County	8	69	16	50	39	178	10	14	692	132	40	44	2219	220	863	3964	65	809	471	751	153	163	60	113	54	63	321	423	25	32	502	447	169	582	1243	24	—	2	—	—





TABLE 48.—SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT DURING THE YEAR, 1936.

131e

Age.	Sex.	All Causes.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebrospinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General paralysis of the insane, tabes dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Hæmorrhage, &c.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhœa, &c.	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, &c.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital debility, premature birth, malformations, &c.	Senility.	Suicide.	Other violence.	Other defined diseases.	Causes ill-defined or unknown.	Special Causes (included also under the heading "Other defined diseases").						
																																									Small-pox.	Polio-myelitis.	Polio-encephalitis.		
AGGREGATE URBAN DISTRICTS.																																													
Under 1 year ...	M.	421	—	5	—	9	2	3	—	1	2	3	1	—	—	—	1	—	—	1	7	66	1	—	27	—	—	—	16	—	—	—	238	—	—	10	28	—	—	—	—	—	—	—	
	F.	287	—	2	—	16	1	3	—	—	—	1	1	—	1	—	—	—	—	1	12	62	1	—	19	—	—	—	6	—	—	—	135	—	—	5	21	—	—	—	—	—	—	—	
1 year and under 2 years ...	M.	60	—	13	1	6	1	—	—	1	—	3	—	—	—	—	—	—	—	—	1	18	1	—	1	—	—	—	2	—	—	—	1	—	—	2	9	—	—	—	—	—	—	—	
	F.	52	—	5	—	6	1	—	—	—	—	6	1	—	1	—	—	—	—	—	1	18	—	—	—	—	—	—	2	1	—	—	2	—	—	—	2	5	1	—	—	—	—	—	
2 years and under 5 years ...	M.	45	—	8	3	2	2	1	—	1	—	8	—	—	—	—	—	—	—	—	—	5	—	—	—	—	1	—	1	—	—	—	2	—	—	—	4	7	—	—	—	—	—	—	
	F.	55	1	9	2	4	5	—	—	—	—	8	—	—	—	—	—	—	—	—	—	10	2	—	—	3	—	—	2	—	—	—	—	—	—	—	4	5	—	—	—	—	—	—	
5 years and under 15 years	M.	112	—	9	1	—	5	1	—	1	3	13	—	—	1	1	—	2	—	—	1	9	2	—	—	5	—	—	7	2	—	—	—	—	—	—	24	25	—	—	—	—	—	—	
	F.	76	—	7	1	—	8	—	—	1	9	7	2	—	—	3	—	7	—	—	—	8	2	—	—	1	—	1	2	—	—	—	1	—	—	6	10	—	—	—	—	—	—	—	
15 years and under 25 years	M.	178	1	2	1	—	3	—	—	2	44	11	—	—	4	3	1	11	1	—	—	9	3	—	1	1	—	1	5	8	—	—	—	—	6	41	19	—	—	—	—	—	—		
	F.	146	—	—	1	2	—	—	—	—	61	4	—	—	1	1	—	6	—	—	2	7	1	—	2	5	—	1	4	7	4	4	1	—	2	11	19	—	—	—	—	—	—	—	
25 years and under 45 years	M.	552	4	1	1	—	1	6	—	1	146	21	4	2	43	3	4	52	1	1	3	38	11	21	7	12	—	1	9	12	—	—	—	1	—	22	77	47	—	—	—	—	—	—	
	F.	453	—	1	—	—	1	4	1	—	106	9	1	4	53	3	6	57	2	5	4	26	7	1	3	4	1	2	8	13	15	23	1	—	13	10	69	—	—	—	—	—	—	—	
45 years and under 65 years	M.	1,631	—	—	—	—	1	29	2	1	103	3	15	15	311	15	65	409	21	73	53	92	22	69	3	10	11	6	32	57	—	—	—	1	44	56	109	3	—	—	—	—	—	—	
	F.	1,337	—	—	—	—	—	21	3	2	53	3	2	6	374	24	96	260	6	76	14	40	13	14	3	19	15	13	35	54	—	—	—	—	23	32	135	1	—	—	—	—	—	—	
65 years and over ...	M.	2,858	—	—	—	—	—	18	1	—	19	1	—	7	417	41	206	1003	11	233	146	88	34	20	8	8	9	9	38	72	—	—	—	144	17	52	252	4	—	—	—	—	—	—	
	F.	3,447	—	—	1	—	—	37	1	—	13	3	1	2	526	68	307	1276	1	246	142	105	37	10	6	18	4	15	47	98	—	—	—	206	6	83	178	10	—	—	—	—	—	—	—
All ages—Urban ...	M.	5,857	5	38	7	17	15	58	3	8	317	63	20	24	776	63	277	1477	34	308	211	325	74	110	47	37	20	17	110	151	—	—	242	145	89	266	496	7	—	—	2	—	—	—	
	F.	5,853	1	24	5	28	16	65	5	3	242	41	8	12	956	99	409	1606	9	328	175	276	63	25	33	50	20	32	106	173	19	27	140	206	44	153	442	12	—	—	—	—	—	—	
AGGREGATE RURAL DISTRICTS.																																													
Under 1 year ...	M.	106	—	2	—	2	—	1	—	—	—	—	1	—	—	—	—	—	—	—	2	15	—	—	7	—	—	—	6	—	—	—	57	—	—	3	8	2	—	—	—	—	—	—	
	F.	99	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	17	—	—	6	1	—	—	2	—	—	—	59	—	—	—	2	8	—	—	—	—	—	—	
1 year and under 2 years ...	M.	10	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	
	F.	8	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—
2 years and under 5 years ...	M.	16	—	1	1	—	1	1	—	—	—	4	—	—	1	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	
	F.	17	—	1	1	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—	
5 years and under 15 years	M.	34	1	1	—	—	2	—	—	1	—	3	—	—	2	1	—	1	—	—	—	2	—	—	—	1	4	—	—	—	3	—	—	—	—	—	6	9	—	—	—	—	—	—	
	F.	23	—	1	—	—	3	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	6	6	—	—	—	—	—	—	
15 years and under 25 years ...	M.	68	—	—	1	—	—	—	—	1																																			







